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TRANSCRIPTION OF IBM MAGNETABILTS RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is Tuesday, the 4th of January 1966, and thus marks a new era for the IBM Magnetic Belt series. Other than the change in the year there is nothing much more to report on.

I had dinner the other night at General Walt's house. He has a beautifully located house on the top of a hill that overlooks the entire bay and surrounding countryside. It is near the new Third Division area whose roads, incidentally, are virtually impassable by vehicle during the wet season and only a foot soldier with postgraduate training in slushing can make it. However, as far as I am concerned, there is a great alternative for getting out there and that's to go to the III MAF Headquarters and take a chopper. It's a five minute scenic trip. I have made this trip, incidentally, both in the night and during the day, anytime I have been fortunate enough to find a good, clear and beautiful day or night as the case may be. I have also found that they eat very well out there. This last visit and the occasion that brought up the subject was to meet Admiral Ward, who is the Director of an advisory group and has his headquarters in Saigon. Later this week, I am told, there will be a distinguished Marine guest who will be out there and we will have lunch with him.

If 1965 was a good year for frustrations, then this one obviously will be a banner year. We are getting off to a grand old start. Yesterday, in my absence, the Marines came over to see if we could house a company of their troops, so this would be about 120 men, and they wanted us to build hard-backed tents for them, feed them, take care of them but they would not man our bunkers or stand watches for us. They would, however, install some mortar sites. Well, when I returned and heard of this, I had to rather bluntly turn them down. We need the security badly and we need particularly personnel to man the bunkers at night in order to free our corpsmen for their regular hospital work. I had hoped to get about 50 of them - of the Marines for this - but I can't house 120 and I certainly cannot risk setting up mortar sites in our area, particularly since we have just recently put up, oh, maybe eight or ten large red crosses on white backgrounds on our buildings to identify ourselves. Well, my refusal to accept them, wounded the Marines and they moved off in a huff. I think I am now in the process of ulcerating my ulcer.

We were approached the other day for space to put up two fire engines and for the 14 men that would man them. With our one road, incidentally, we need two fire engines just like we need more sand but I thought that we could use the 14 men to man the hoses from our own fire hydrants, assist in the motorpool and elsewhere around the hospital compound, so we finally found space that was mutually satisfactory and I suggested

play around by and we would call them when we had the huts up. Well, yesterday they returned in a letter that we were to house the five fire engines and 45 men. We turned them out too, but later in the day I found that someone had actually set us aside as a site for the entire East Da Nang fire department, so our space here is being literally fought over by many activities.

We have not yet received the supplies that were sent to Guam from Okinawa. There are about 1000 of them. They were due here a week ago. Our dispatcher, as a matter of fact, said no later than 28 of December. Well, we need their help to run our plant. We have now sent out a messenger to inquire about their whereabouts. I have heard that transportation from Guam out here is exceedingly limited and it is not unusual to have to wait a couple of weeks but it may be that they are just stuck there.

Also, we have not yet received the third echelon of medical supplies that consists of the perishable items, narcotics, etc. We have sent out a tracer on them too and maybe they will show up before the week is out.

The outlook for opening on the 10th, however, is remote but it is not impossible. We can open with half a ward, the other half being used to house the staff and when our second ward is done or even before it's done, once the roof and the ends are on, why we will house the staff there and it will then give us 120 beds. Incidentally when we do house them up on the second ward, they will be up there without lights or other forms of electricity. Our one free ward then, the first one to be built, one wing will be surgery and the other will be medicine. Plumbing is now available for the entire clinical area and for the laundry and the galley, etc. There are no plumbing facilities for the quarters, which are on the south side of the compound, so we have to use the standard old temporary field facility. We badly need more quarters and, of course, with them we are going to have to have some improvement in the plumbing problem. Possibly the next CB unit will put in the plumbing and the quarters for us. We are also badly in need of air conditioning for the operating room, at least the one surgical room, and the one ward. I think possibly also the incoming CB unit - the group that's going to relieve MCB 9 - will do this. We are installing our hospital intercomm system right now. The number of phone outlets will be limited. I believe it is ten in all but we will have them strategically placed around the compound - two out where the quarters are, and then elsewhere in admission and the administrative areas, the lab, wards, and other critical areas. Our off-station phone system is being set up by the Air Force, amazingly enough. They are going to put in three lines to the principal exchange over here in East Da Nang. We already have set up a radio system (I think I may have mentioned this before) that connects us with security facilities, such as the Marines and the chopper pads and other more military activities out in our area.

The weather has really been real, real pleasant. It is cool, overcast in the morning, maybe a little bit drizzly late at night or early in the morning. Temperature has actually dropped below 60 on one occasion but this really is a great time of the year out here.

I hope to get our staff down over here - at least for the most part of the stuff that is spread around town - by tomorrow night or Thursday morning. I have talked to Doctor Pitlyk, who is our Neurosurgeon, and he will remain over at CHAEL R MCB until we are actually able to do some sort of Neurosurgery over here at which time he will come over on short day. We will probably also leave a couple of general medical officers over there to assist them because, for the next two or three days, they will be a bit shorthanded with the rest of our gang over here. I think our gang are really exceedingly anxious to get over here and get going and I think we must get started if we are ever going to get into the game but with all this thinking, I wonder just how much I am so involved in the construction business to accept the hospital. There are many inadequate things about the hospital and in the construction business doors that don't fit, and spickets that don't fit and that sort of business, that we may just have to accept and let NSA Public Works repair all this just in order to accept the hospital and get the place going. Well, I'll discuss that with the Support Activity Public Works people here, possibly tomorrow.

I just learned that MCB 8, which is immediately to the south of us, will pull out their personnel who have been manning one bunker on our activity. They will pull that bunker out tomorrow so that leaves one more spot unmaned.

I understand that someone told HII MAF that we had accepted the hospital Well, this is not so at all. The Public Works from the Support Activity along with some of us from the hospital, and some from MCB 9 went through all the buildings that were up and itemized deficiencies but nothing was said about accepting the hospital.

The frozen blood vans are apparently moving along fine and Chuck Brodine has a firm grip on it. Doctor Moss has gone to Taipei for a few days to look into certain research problems connected with blood and to look into a field type of flame photometer that we can use in the laboratory. I understand that this particular flame photometer is just fine. You can use it out in a high wind so maybe Gerry Moss will come back with some dope on that since the research activity in Taipei apparently has one or two of these machines.

Doctor Adams left today with Doctor Waldron to go to Quang Tri to see some of the hairlipped cases that Doctor Adams did about six weeks ago. A couple of weeks ago I got a frantic plea from the local USOM people to send Doctor Adams back to Quang Tri as he apparently had sewed a woman's lips together and she was getting hungry. Well, Bill Adams seemed to know what they were talking about and explained that this

was not quite as horrible as they were painting it.

Probably I could not claim to have time for reading but I am in the process now of reading the "Green Beret" and this I think has been one of the best sellers for some time and it is a fine story, particularly when read from a geographic site. I would recommend it to anybody and particularly to those who are headed out this direction. It is good reading.

I am enclosing, with this, a copy of an article from the local "Stars and Stripes" daily paper. It is a daily paper although I see it about once a week or so, but it indicates that the hospital is near completion. The Commanding Officer of the Naval Support Activity beat the fellow who wrote this article and he went ahead and prepared it.

A total of five hour set of circumstances has allowed Doctor Garfield, who was evacuated from here a couple of months ago because of GI bleeding, to be returned to us. We have sent a dispatch to Yokosuka just a few days ago asking for the diagnosis and prognosis on Doctor Garfield but at this time I think we will probably continue back here. We have received an answer from Yokosuka indicating that he had been surveyed to limited duty and apparently had been sent back here to perform that limited duty. Doctor Garfield is new to the service and he is not familiar with all of what went on but he seems to feel that he is lucky to be back here and he is happy to be back here. He is particularly interested in medicine and we are happy to have him. If he bleeds again we can reconsider, but if PQ&MR has no particular objections, we would like to keep him here.

PART II

Conferences with Al Wilson and Bill Wulfman indicate that the Marines are going to continue to handle all of their own patients and use us as an evacuation center. Now our doctors feel that this is going to relegate them to a rather inferior station in life and in the society, so we meet again tomorrow to discuss this and although I am willing and happy to take over this job as an evacuation center and I really think it belongs to the hospital, my thought is that CHARLIE MED should call us when they have patients to evac. We will find out what is the nature of the particular case and then we can tell them either send it directly over to us or send it down to the airstrip. Probably about that time we will be evacuating patients too and ours then will go over to the airstrip and thus avoid sending some poor fellow over to our side and then we have to send him back across the river to be evacuated. This will keep us from becoming too expert and specialized in the management of dehiscencies, infected wounds, and malunions. We can take off some of the load from CHARLIE MED so that they too will have a chance to follow their cases to completion.

I got a wire today and together that he will be leaving
the 20th inst. He is a fine young man and has done a grand job out
here. Dr. Encineda is finally as leaving soon and he will be missed.
I have heard that he has recently been quoted or photographed in
"Time" magazine. I did not see it but understand also that Chan
Hing-chang has a comment in "Letters to the Editor" in the same
issue.

Among a couple of local news Doctor Vandy, who is at MCB 9, is going
to Tokyo for a few days and Doctor Nancer is covering for him.
Commandant Pagan, the senior dental officer, is also over at MCB 9
while Doc. Vandy is also have no dental officer. Doctor Bratton,
from time to time by frequent visits discuss cases and we will cover
for him when he goes on his R.R. With these miscellaneous coverages
and various activities, our staff does keep busy.

We seem to be on reasonably good relations with the west side of the
fence and across the village. These days, The kids gather out there
around 5 o'clock in the evening and they stay until sunset, cheering
us on as we do our daily endeavors but periodically during the
day someone goes out to the fence and throws them some Christmas
cookies or candy, whatever we may have. These Christmas goodies,
incidentally, are still arriving in the mail but we are really unable
to swallow or digest any more. We have been fed to the hilt. The
kids are really - they are the kids but they are a fine bunch of
people. I V.C. so I think that most people around here figure that
if we can keep them entertained and keep them fed and keep them happy
we will have peace in our backyard. They have, for our entertainment,
given themselves a series of more or less local names, at least English
names, and they all call themselves Bill, or Bob, or Joe, etc., and
they enjoy using them and it enjoy calling them by those names. I
may have mentioned that the most competent scholar on our side of the
fence is Doctor Ness. He can jabber the language like a native and
many, many times he has baileed us out of complicated discussions
when we had gotten over our heads. After his week in Taipei he no
doubt will come back quite fluent in Japanese, and Mandarin, and
probably Outer Mongolian, as far as I know.

We have received a battery of Christmas cards from all sorts of people
and quite a few came in in one envelope from Transfer, Pennsylvania.
Well now, I am enclosing one from a boy in the fifth grade. He has
a special message for the draft board where he says, "When I grow up
I'll join the Navy. I say this not to make you happy but I made up
my mind long ago. I like ships and carriers." That's the quotation.
The rest of his letter was equally charming and entertaining. Now,
I have answered his letter and quite a battery of others that have
come to my attention. I think a lot of people have sent us cards
and they have send us notes just because of their embarrassment about
the juries and the draft card burners and things of that sort.

I've never eaten a particularly innocent item and that's the results of eating here in our own mess hall. Mr. Blanchard, the Food Service director, has done a magnificent job. The chow is excellent. It has variety, it's nutritive, and it's fresh from the stove and it's just good. He makes his own breads and pastry. Now today, for the first time in a long time I hope, the generator outside of the galley (and there's a generator is a major generator plant for the hospital) conked out so we had to eat in the C.R. area. It seems that somebody forgot to turn off the switch, because they ran out early this morning, but we had a nice breakfast - bacon, eggs, and sweet rolls, hominy grits, coffee, toast, bacon, eggs, and coffee - which is just about what the average individual eats out in his usual three meals, incidentally was good.

We have been out there of personality problems and disciplinary problems. So far we have been a few traffic accidents, speeding, leaving a jeep unattended in town. This is a serious violation. We had one on the road driving where the Vietnamese was killed by one of our ambulance drivers. The ambulance had been taken without permission, has been charged as suspending. The problem is still being investigated. Our chaplain was one of a doctor man who suddenly decided he should become a conscientious objector. Well, he has done this so well that he has now gotten at the point where he is conscientiously objecting to everything. Now, my feeling is that if we get any breaks at all during this tour, I think we should see him hanging from the yardarm.

On another vein, I think that we are going to have to build a guest cottage out here sooner or later. Right at the moment we have, of course, Chuck Brodine and, of course, he is a particularly welcome guest, an old friend and surrogate. Ted Anderson similarly - he will be moving over here because he will be running the dermatology outpatient clinic. Doctor Lishman, from the University of Kentucky I believe, will be here for a month or so, and probably the REPOSE boys will want to spend a part of their rest and recreation with us. This, I just picked up, is that General Green will visit us between something like quarter to six and quarter to seven, Friday evening.

Well, maybe I will be able to grind up some more later, but I think this will do for now and I would do well to stop and get off the air.

I have just learned that after, and I think I mentioned this earlier in the tape, after telling the Marines they couldn't put their mortar sites up here, they went over to MCB 9 who said, "yes, we will house you" so they have picked them up. Now MCB 8, who is in sympathy with MCB 9 because possibly both of them are manning bunkers on our site, has decided to pull their people out, which they will do, and that may mean that we will have to take more corpsmen off the hospital line and put them onto the bunker line. It is true that everybody out here is fighting for space and they are fighting for men and they are fighting for the common cause as all of us are, so little interservice

should do major. For a lot of reason this is the end of the day
has been frustrating and maybe they are short on temper and high
degree anxiety. I will look into it tomorrow and maybe we will
resolve the problem then.

So much for all the chit-chat. It is now over and out and best to
everybody.

Code 1000

24 January 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is Friday, the 14th of January.

It may not be a particularly remarkable or intelligent bit of philosophy but the fact is the inevitable is inevitable and man cannot long hold back the natural course of events, so on the 10th of January, Monday, at 0800 we opened our doors, thus bringing to an end the six months' sabbatical we have been on. Of our 120-bed ward we were able to use half or one 60-bed wing. Interestingly enough among the first outpatients - in fact the first - was a young man with a neisserian infection, so rather than honor him with the initial spot on the ledger, we moved him back in the line and elected to enter our first patient as one with a less stigmatizing and distasteful diagnosis. We admitted as inpatients, two inpatients the whole day; one was on medicine and was a very typical and characteristic lobar pneumonia; the other one was on surgery, with a perforated appendix. Both are doing fine right now.

Temporary air conditioning was installed in one of the surgical huts, in fact the only one we have up and usable at the moment. It is strictly a makeshift affair. They chopped a hole in the side of the hut, hooked the air conditioner unit up to it, and it just blows directly into the inside. There are no ducts so it just fans out once it gets inside the hut, but this is working at the moment. The sterilizer hut, the CSB, which is right between the two surgical huts, had a temperature up to 107 a couple of days ago and that was on a cool day. This is high on the priority for air conditioning.

On our second day of operations we received a load of patients from CHARLIE MED. They sent us, I think, about 14 patients and that may not sound like much, but it created a certain amount of confusion getting them squared away and established. The ward, incidentally, has one of the old, antique, completely unsatisfactory type of heads (I think I have described these in detail before), well, it wasn't long before the ward head and the other head which is built out in the clinical area, were both plugged up. Less than 24 hours and they were both plugged up! They had to then be emptied manually and I can see and predict that, in the near future, we will have a regular "honey bucket brigade" hauling the contents away. I think on this vein, however, that we will get one of the commode type heads in next week. This will be on the second ward, which is pretty far along now, and should be ready actually for occupancy before the end of the month. Occupancy, incidentally, will be by the staff, who are now spread out all over the compound and occupying half of the one ward we are using.

Another interesting and unpredicted item was the matter of mosquito nets. We have plenty of mosquito nets but they are meant for cots. They are much too small for the bunks that we have. The upshot is that I tried one out for a while. Your feet and arms and legs slip out and the mosquitoes can then just bore right on in, so we have had

to make special frames and then design and make special large mosquito nets. There are mosquitoes around here but PMU gets around to spray periodically. I don't think there is any malaria in this area at all.

After innumerable visits by the Marines, who we thought were directed by the Commanding General of the III MAF to give us security, we finally struck out. They have come over in groups and individually to explain that they will plant mines around the perimeter; they will build fences; they will place ambushes up in the surrounding areas, but they will not tie themselves down to manning our bunkers. They have got to be free and ready to jump whenever necessary, and I think I can share their sentiments. So we have therefore accepted, from the Naval Support Activity, about fifty seamen, who are now being trained in the use of weapons and they are now standing the bunker watches at night, so we have been able to spring most of the corpsmen from security watches to their primary duties.

The thirty-five corpsmen, who left Okinawa and went to Guam, are slowly drifting in and it is anticipated that the last of that group will be here before the end of January.

The hospital census has risen from two to forty-five since we have opened and we are running out of space. We have picked up two severe intracranial problems, one encephalitis who is on the critical list, and an officer from Phu Bai who is a diabetic. Today we will initiate our first evacuation procedure for patients, sending them to Clark. Ted Anderson is busy running his dermatology clinic. Chuck Brodine has gone to Clark for a few days, is due back today, I believe. Charlie Moss flew to Taipei and returned after a week. Doctor Pitlyk incidentally, the Neurosurgeon, is commuting between the hospital and CHARLIE MED. People are keeping busy out here.

I have a message for Code 35 in respect to a letter. The psychologist, Mr. Levine, and the psychiatrist, Doctor Smith, are both with the Third Division and to my mind have not even been over to the hospital site at any time. Where the impression came from that they are working over here I don't know. We have sent patients from here to see both of them. My feeling is that we do not need the psychologist and the psychiatrist at this time, and we probably will not need them for the next four or five months until our NP unit has been built and is ready to function, and also since we are short on quarters, why we are not asking for any people that we don't really seriously need. I believe I had passed on a message to Doctor Christy to the effect that we do not need a psychiatrist now but will this summer.

Helicopters have landed a few times directly in front of the receiving ward. This is the most convenient area for them and for us but the dirt and the sand and the commotion that they blow up is colossal. Yesterday we spread several large tarps over the area to see if this would lessen the problem. Well, a chopper came in this morning and

actually it did. It cut down a tremendous amount of dust but it blocks off our ambulance entrance. We have got to get our road paved out here, I think, before we will ever completely lick the problem.

On Monday morning Admiral Johnson, CINCPACFLT, will be here and it is our intention to get the Marine Band over, to ask General Walt and Captain Huff, who is the Skipper of the Naval Support Activity, plus several other local U. S. and Vietnamese dignitaries to come in for a quick ribbon cutting ceremony. We are working on getting press coverage for this and maybe I can report more later, after it takes place. Incidentally, some trooper advised me that also on Monday there will be a character by the name of Charlton Heston, who is going to stop by and wants to visit in the afternoon. I was able to learn later that he is a movie star of the biblical epoch type and I gather, now that I have passed the word around, there are a lot of people who know who he is so I think this is fine, and we can use this sort of type of visitor certainly. Bob Hope and the other entertainers have, of course, bypassed us completely, in the past, since we were not in operation. I think now we will have no problem getting these entertaining VIP's to visit us.

The five Vietnamese girls we had working for us out here in the quarters, sweeping and shining shoes and doing the laundry and things of that sort, have finally quit. I had, at one time, thought about firing them after we opened up our own laundry, but Lt Binh, who's our Vietnamese Liaison - unofficial liaison officer, asked me not to fire them because he had arranged for their employment in the beginning, and he felt that he would lose face if he had sent us somebody that was no good, so we elected not to fire them but instead we did put them to work in the laundry. Well, they went over and they looked at the laundry, and they said it was too hot, and too noisy, and they walked out. This is fine with me. We will pay them for their time and they are through. We do not need them in the quarters area because we now have stewards. Well, at any rate, this indicated to me their poverty or financial plight is not as bad as I thought. For some weeks now they have been harping at us about how they have so many babies and no money and we should be paying them more. We have been helping them out as much as we could, but with their salary and Christmas gifts and also in this particular season of the year, there is sort of a personal three-day festivity program that is called Tet, and among other things, it is customary to give employees a bonus of one-twelfth of his income, so that if he has worked for a year, he gets a months' pay. Well, we have already paid these girls their Tet bonus and now with their salary they are walking out and I can't really feel too sorry for them.

We have, incidentally, some 2100 and 2300 officers, who are now thinking about their futures, and they hope, of course, that BUMED is also similarly thinking about them. I know that Bill Adams, our Chief of Surgery, is particularly anxious to return to Camp Pendleton when he leaves here. I will probably be able to elaborate on others in more detail later.

Last night the first unit of frozen blood was given to a patient here. It was more of an emergency, rather than an elective situation. We had not received our quota of ACB blood--about forty units which CHARLIE MED had ordered for us but wasn't over here right at the time when we needed it, so the frozen blood was given. Chuck Brodine, no doubt when he gets back, will be able to amplify on this considerably, I am sure.

We have had a few rounds of sniper fire during the daytime this week so that, right at the moment, the Marines are out just on the other side of the fence patrolling the area. There is considerable chopper activity and it is quite noisy so I will secure on that point and pick it up a little bit later. Over and Out.

Cecile Neely

27 January 1966

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71 TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

72 This is Tuesday, the 18th of January.

73 Monday, the 17th, was our formal opening date and it is true that we have been in business for about a week. However, it suddenly occurred a few days ago to some of the people across the river that with CINCPACFLT's visit here why not use this as an occasion for a formal opening. John Howard grabbed the ball and produced a superb program, a copy of which is appended, along with a page from the local calendar to show that there were many fine omens for this particular occasion. As you will see, the band was on hand. We had chairs out. A ribbon--an ace bandage was prepared for cutting and by a choppers throwing dust all over us, the guests arrived ten minutes early. The guest list included many, but among those who arrived on the choppers were: Admiral Johnson, CINCPACFLT; Admiral Hyland, COMSEVENTHFLT; General Walt, General English and General Carl. Other guests who arrived about the same time but by other means of transportation included: Doctor Wulfman and Doctor Arnold, Doctor Wilson, Doctor Escajeda, Doctor Bratton from MCB 8, and a Commander Funk, Dental Corps. By the time the ceremonies had gotten started, we had seated out in the audience members from the Red Cross, both male and female; some of the physicians from the USOM hospital in Da Nang, and some Vietnamese physicians. Of course, all CB battalions were represented as was the 30th Naval Construction Regiment. Among the unscheduled things that were in addition to the fact that we started ten minutes early was a presentation of the Silver Star metal to Commander Anderson, the Skipper of MCB 9, for his personal heroism during the October 28 skirmish. A quick tour of the hospital followed plus a visit to the messhall for cake cutting and later interviews by the press. The special guests departed by chopper at about 11:30 to head for the other side of the river to catch a plane and take off for Chu Lai, where they would have lunch. Theirs has been a busy schedule. Once again, however, with the chopper take-off it threw sand all over the place and the rest of the day was marked by frequent chopper landings with a resultant distribution of Asian sand. I hope to have photographs of the ceremonies because there were hundreds of photographers, it seems to me, around clicking and if I can get some we will pass them on to you.

If that wasn't enough for one day, we had a visit later in the afternoon by a movie star, Charlton Heston. He toured the wards, visited with the patients, talking with them, taking the names and addresses of their folks at home with a promise that he would write to them. His, incidentally, was a very interesting and a very pleasant visit.

Points discussed by our visitors during their visit included, among other things, not only the horrible sand problem but also the heat. It is not too bad now but later there is no question but what we will boil.

We hope to get fans and improve ventilation for the mess and galley. Air conditioning, of course, has the highest priority. It is the high priority item out here.

The laundry now is just about out of business. I inspected the place with Captain Huff, CO of the Support Activity. It was totally torn down during our visit. The machines are complete. They do not work. We have four installed, with six more out adjacent to the laundry ready to be installed. Our hope is that we can get one of the agents from the company that made these to come out to see if they are workable. If so, maybe he can get them fixed up and, if not, we will just scrap them--scrap the entire lot and start off again. As an interim measure, we will borrow a few small units from a nearby area and this will keep us going. The machines we have, incidentally, were packed up in 1952 and although at that time they were unused, I would suspect that, even then, they were probably old.

It is quite possible that we will be able to expand from 60 to 120 beds by the end of the week. This will be accomplished by putting some of our staff members, who are sleeping on one wing of the one ward, into the second ward which is just about ready.

I am told by the Commanding Officer of the 30th Naval Construction Regiment that our priority is dropping quite low in order that they can put more of their effort into building and maintaining the harbor facilities. This is something in the order of a catastrophic situation as it means that we will experience more and more delays. Along this vein, yesterday one of the visiting Army officers told me that down south the Army had built a similar hospital of 400-beds on the sand. General Westmoreland ordered it torn down and a new site was selected away from sand and dust. A company of engineers put this new hospital up in two months time with air conditioning and concrete decks. Needless to say, I had little to offer as reasons for our situation.

Tomorrow, the 19th, we will be visited by Senator Miller from Iowa. He arrives at about 8 o'clock in the morning and will spend about a half hour with us. Later in the day, after lunch, General Bohannon, Surgeon General of the Air Force, will arrive and also briefly visit the place. I hope, also tomorrow, that Captain Seidel of the Dental Corps will come out and stay with us. He is out on an inspection tour around here. Commander Duggan, the Senior Dental Officer, will escort him about.

I had an opportunity to talk to Doctor VanPennan today. The Preventive Medicine Unit and the Disease Vector Control people will have to be moved to the hospital. This is an unfortunate situation as we are grossly short on space for them. It might well be that they will have to disband or move some of their activities to other areas, such as Chu Lai or Phu Bai. Presently, they are at the Naval Support Activity compound on our side of the river, just at the base of Monkey Mountain

at a spot known as Camp Tien Sha. They occupy quite a large area there and, with all their gear and stuffed rats and bandicoots and shrews and ant eaters and the many snakes that they have, it may be necessary for them to abandon a lot of these projects or to package what they have and mail it back in order to have enough space here. We have two quonsets; one for G18 and one for G19. Actually, each should have at least two quonsets to itself.

I didn't think it would happen but at long last the Marines have moved aboard, or at least they are in the process of moving aboard now. Correspondence from the Commanding General to one of the regiments indicated that they would now man our bunkers. We will feed them. If the people that are going to man the bunkers are from an activity nearby, they will probably stay at their activity but come over here in the evenings and a few will, of course, come over during the day to man the bunkers and the gates. This will spring about 45 of the seamen that belong to NSA and they can be put to work elsewhere. Actually, it has been quite quiet and peaceful here and there has been no fire onto our side of the compound in the past week.

The hospital census, once we opened our doors and got into business, has averaged between 40 and 45 patients daily. We have had a few critical cases, most of whom have been intracranial wounds. One, at the moment, had severe injuries to his lower extremities and had to have considerable repair work done on the femoral artery. He is on the critical list. He has received 31 units of blood and plasma in a little bit less than 24 hours now and a good part of the blood, as it turned out, was from the frozen blood supply. No problem whatsoever in this regard. We had one case of encephalitis who, though he was disoriented for two or three days just prior to being evacuated, showed signs of retropallium. A Vietnamese village chief was in one night last week for some orthopedic work on his wrist. We had received approval, just to bring him in quickly to do this and get him on his way, by authorities higher up on the chain. This morning a Vietnamese baby was brought in with a gunshot wound in the skull and I suspect that tomorrow the baby will be transferred across the river to the Da Nang hospital.

Ted Anderson is out at the moment taking a shower but he is coming back in and he probably will want to get registered on the tape here also. I am reminded that the last time that the two of us compounded a tape together and mailed it in, we received a very interesting and enjoyable reply from Code 2 and also for Code 2, I am enclosing here a laundry list to show that anywhere in the world the same old problems crop up and once again I find I am mistaken for Doctor Canada. He will notice that on the laundry list. However, since I have paid the bills, why his record out here is clear.

This is Ted. I too want to express my appreciation to Jiggs for taking such very good care of the girls. We certainly enjoyed the tape that we received about that very nice evening. Hap Arnold was at the ceremony yesterday and related some interesting information. It seems as though on Saturday he went to Phu Bai to witness a ceremony given by the Vietnamese in which Dave Wilcots (sp) was decorated with the First Order of Vietnamese Legion of Merit or Legion of Honor. We can't quite understand which but it was the highest decoration ever given to an American so far in this war--rather to an American military man, according to Hap Arnold. We are all very proud and happy about this. He is a well deserving young man. A comment about Admiral Johnson cutting the ribbon to officially open the hospital. It is the first time that we ever saw a cut ribbon snap but, of course, this is symbolic of the snappy outfit that Bruce has here. I have just time enough to relate a small incident that happened yesterday. Bill Adams reported this one. It seems as though the head Red Cross gal in Da Nang was a heavy-set, in fact rotund, post-menopausal, good humored gal of about 55 or better toured the wards after the ceremony and as she made rounds she received a few whistles from the patients. She enjoyed it so much she lifted her skirt about the knee before one wounded patient and without a moments hesitation the patient said, "You got the right idea, lady, but you got the wrong war." Broke everybody up including the gal.

That is all from Vietnam.

Welcome Aboard
Station Hospital, Naval Support Activity
DaNang, East

Dedication Ceremony
17 January 1966

	Captain B. L. Canaga, Jr. MC, USN Senior Medical Officer	
CAPT W. C. Adams, Jr. MC, USN Chief of Surgery	LCDR D. R. Ten Eyck MC, USN Chief of Medicine	LCDR J. E. Howard MSC, USN Hospital Administrative Officer

Musical Prelude	Third Marine Division Band
Arrival Side Honors for : Commander in Chief, U. S. Pacific Fleet and Commanding General III MAF/NCC	Third Marine Division Band
National Anthems : Republic of Viet Nam United States of America	Third Marine Division Band
Invocation	Lieutenant G. P. Murray, Chaplain Corps, U. S. Navy
Opening Remarks and Introduction of the Commander in Chief, U. S. Pacific Fleet	Captain B. L. Canaga, Jr., Medical Corps, U. S. Navy
Remarks and Ribbon Cutting by the Commander in Chief, U. S. Pacific Fleet	Admiral R. L. Johnson, U. S. Navy
Benediction	Commander C. H. Gibbons, Chaplain Corps, U. S. Navy
Anchors Aweigh	Third Marine Division Band

Guests Are Invited To Tour The Hospital and
Lunch in the Officers Mess



207
3 February 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is Tuesday, the 25th of January, and a week has passed since the last meeting of our nembutalized minds. Probably more time would have slipped by except that the activity last night warrants some comment.

Leading up to last night has been a week of relative peace and quiet, and I think I mentioned before that we were approaching Tet, which is a national, annual, three-day, family, religious, personal period of rejoicing, paying off debts, breaking out new clothes, and just generally going about being nice to each other. So, for this Vietnamese occasion all U. S. military liberty was cancelled and that was for the 20th, 21st, and 22nd. Tet ended but the cancellation of liberty was held in force for fear that some sort of post-festivity flare up might occur - a sort of after the calm, the storm situation. Well, this turned out it is just what happened. About 1:30 this morning I awoke to the sound of mortar off in the distance and they are quite numerous. Out in the dark I found one of our marines checking the bunkers. He advised me that MCB 9, which is just north of us about a mile, was being attacked and this was apparent from the hospital site. Although it was somewhat overcast, we could still see clearly. We saw what was probably a few short rounds landing in our area but that only stirred up dust. MCB 9 had a fair sized fire going on their compound. Well, our staff properly responded and in short order we were all down at the receiving wards and at the ward. We were geared to receive whatever casualties might come in. However, there was a marked absence of communications. We could not get in touch with MCB 9 on the radio so we thought probably our best bet would be to arm an ambulance and send it down. However, we were advised that the roads may well have been mined and there was to be no traffic on the highway, so we just waited then and, in due time, a chopper was seen to land over there at the CB camp and subsequently came over to our side with the MCB 9 doctor, Doctor Henry, who had his hand inside one of the marines chest and was massaging the heart. That fellow was dead on arrival. He had two other lesser casualties with him, and it was with considerable difficulty that we were finally able to get another chopper to land and take Doctor Henry back to his camp. Doctor Henry has been through two bombings of his camp and has demonstrated that he is cool, and calm, and competent. Just yesterday, he and I were talking about his residency application. MCB 9 leaves here in about a week for home and Doctor Henry will take leave to visit his home in Pennsylvania, and I suggested he drop down to the bureau and talk about his future. He has done a fine job out here.

With the light of day and then looking into the matter I learned that the VC mortar marksmanship apparently was at fault and, whereas maybe they would like to have had some of their mortars fall on MCB 9 property, they actually had undershot and were primarily aiming for MAG 16, the

helicopter area right across the street from the CB camp. They also did some firing south of us about a mile down toward Marble Mountain but they stepped off their mortar attack in the wrong direction, so missed the marine unit that was down there. They simultaneously were mortaring areas in town and hit two Vietnamese dependents' quarters. Well, personnel damage was minimized. There was some material damage but this was nothing like as remarkable as the October 28 raid.

We continue now to move along. It appears that the corpsmen are at long last arriving from Guam, although it is a month late. They have had, apparently, quite severe transportation difficulties but, with their arrival we will be able to open up the second wing of our one ward and this will give us 120 beds. The second ward is nearly completed and we have quite a collection of people actually living there now - maintenance personnel, the newly arrived fire fighters who brought two fire engines with them. We have one road but we have two fire engines parked on our compound. We have 50 marines who are our security force. Of course, they were out tending to their bunkers last night, and then we are keeping the cooks and the laundry personnel. This second ward, incidentally, is the ward that's right adjacent to the village fence. I checked out there last night, just after the mortar attack, and found that those people were all sleeping peacefully and apparently did not know there was anything going on, excluding the marines though, which I had mentioned were out on their stations.

I have some other maybe nonprofessional notes. They are of interest to me and they may be of interest to somebody. One has to do with the laundry. We are now removing all of the original washing machines and putting in smaller ones. They, for one thing, will work without burning the clothes. The drier, on the machines we have, burned the clothes. The washers merely rinse the clothes in cool water, so there is a need for a change.

We still have just one well pumping and we are using up more water than we are pumping. I hope, and I have heard that possibly tomorrow or the next day, we will have the second well and maybe we will be able to catch up on our water usage. This will be a difficult problem if we get too many patients in here, and it will be a critical problem when the hot season hits us.

The status of the air conditioning is still vague to me. At least, cement pads have been poured around the many buildings and the air-conditioning machines are now being placed on these pads. Later the generators will be strategically placed about the compound to furnish power and we hope ultimately to get the duct work assembled and installed. I can see that we are a month or two away on the completion of this project.

Ted Anderson is awaiting arrival of his relief and we presume it will be sometime around the first of February. Chuck Brodine keeps busy

with the Blood Bank and is actively interested in the messages that are coming through now about the REPOSE Blood Bank having failed somehow or other. I gather the REPOSE will get in here around the middle of February.

We still have just one surgical hut and we can get by with one anesthesiologist but within the next month or six weeks we should have a second hut up and it will be essential then that we have the second anesthesiologist if we are to operate at all.

The Naval Support Activity has a lot of plans for improving the hospital and they are working actively at it, but the cost for upkeep and the attention that is going to be required will be substantial. If it looks like we are going to be involved out here for the next fifteen years, give or take a little, it would be well to reconsider the hospital structure, maybe moving to a less sandy site or replacing the wood decks with concrete and putting in cement walks, putting sod over the ground. We would need a large sewerage treatment plant. These are just some thoughts that crop up and probably have already occurred to those who are more knowledgeable in engineering and planning.

Captain Seidel, Dental Corps, stayed with us for three or four days during his inspection of the dental facilities in this area. Since he is an old shipmate, it was a pleasure to have him on board. He managed to get about the many places required in spite of the fact that the weather was windy and rainy, but still he was able to get aboard the APL's and in spite of the fact that, with Tet, there was a minimum (sic) amount of traffic in town but he still managed to get about. He has since shoved off for Clark and subsequently to Taipeh.

I am enclosing a few miscellaneous bits of information to pass on. One is an intelligence report about people in the Da Nang area. I am also enclosing some pictures. The picture of the ferry that links the Da Nang river with activities across the river. It is interesting to me at least. Cars drive down the road and drive out onto this rubber pontoon ferry. Then the little boat on the right pulls it out and pushes it across the river and then edges it in so that they can drive off. When the bridge was out, we all rode this thing and it is an interesting trip. There is a close up shot of CINCPACFLT, Admiral Johnson, cutting the ribbon that opened up the hospital and there is an aerial view of our area. This is looking right down on top of the hospital. In the lower righthand corner are the quonsets that are living quarters and the large buildings in the middle are the galley, messhall, laundry, storage, and then a little further on toward the river are the huts that are receiving rooms, x-ray, laboratory, pharmacy, surgery, sterilizer, and the ward. Toward the river and right by a cleared out area, which is the village fence at out western perimeter, is the second ward. Across the street and over on the right is the MAG 16 helicopter pad with some choppers on it., and straight across

the picture to the left is a wooded area but that's actually MCB 9, the spot that was mortared last night. The water on the right is the South China Sea and what looks like mountains in the background represents the peninsula Monkey Mountain area. I anticipate getting more pictures of the area and will forward them on to you as soon as they arrive. This may not appear to be particularly glamorous especially to our city dwelling friends but this is our home, until we too can get sprung.

I believe that just about finishes the tape so I will secure. Once again I would like to ask if you have more magnetic belts around drop them in the mail and send them on out to us. I think I have just one more remaining.

It is over and out.

Jode TR
15 February 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is the evening of Saturday, the 5th of February, and somehow the month of January has gone and it certainly has slipped by hurriedly. This may be due in part, I suppose, to the fact that we have been in operation almost a month now and are happily employed rather than unhappily watching the clock and the calendar.

People come and people go and one, among those who have left us and in so doing has left a large gap in our society, is Ted Anderson. He departed yesterday by chopper from the hospital to go to the air strip and then, as a member of the crew of a plane taking patients, he flew to Clark. If his plans worked out as he had planned them, he should now be in Japan and he will be back in the District of Columbia within a week, I think. Ted did a fine job for us out here. He saw patients and plenty of patients. He visited about. He lectured at the medical school up in Hue, and he gathered a lot of valuable information which he will report to you when he arrives. Ted and I occupied the same quonset during his stay over on this side of the river. We ultimately admitted, into this select fraternity of ours, the Catholic Chaplain, who is still here. So, the chaplain and I will guard the place until the next visitor arrives, and I suspect that that may be Captain Eisman, the Professor of Surgery from the University of Kentucky. He is due in some time this month.

Yesterday, the 4th of February, General Krulak made his fourth visit to this place since I have been aboard. He seemed to be well pleased primarily I guess because at long last we were in business, but he made a cryptic observation to the effect that human beings being what they are they will not, if they can at all help it, go anywhere for their hospitalization except to the REPOSE, which as he said is clean, and neat, and air conditioned, and has ladies to offer--the kind of living care and attention that no man - no corpsman - can offer a marine or a sailor. He was not really being critical of our place. It is true that our one ward is congested and it's filled with sand, and it's hot and dusty, but it's so much better than what our patients were living in before they became patients, so that they are happy and so are we and the chow is excellent. It was somewhat ironical, but every patient he spoke to, and he spoke to many to ask them if they had been involved in the DOUBLE EAGLE operation, generally speaking their answer was "No, I have hookworm," or "I have a skin problem," or some such thing. We have actually received a lot of casualties but a good many of them have been evacuated and there are few remaining who have, say for example intracranial injuries and so they are not overly conversant.

Tomorrow, Sunday, Admiral Hooper, who is COMSERVPAC, and Admiral Weschler, who will be the new Naval Support Activity Commanding Officer, will visit

the hospital for a few minutes. Then all of us will depart for Camp Tien Sha for Admiral Weschler's assumption of command. He just arrived today and he will take over the Support Activity tomorrow. Our present CO, however, Captain Huff, will become then the Chief of Staff.

Paul Ingle flew in the other day and with Bill Wulfman and his administrative officer, Commander Gay, Lieutenant Commander Howard, and Commander Hull, gathered around to discuss matters that were pertinent to the group of us. There was also at this meeting a Lieutenant Colonel Ettinger, who came up from Saigon. It was felt, at this particular meeting, that the hospital should take over the patient evacuation system once we get to the 240-bed capacity. It will then be our job to attend to regulating the flow of patients from CHARLIE MED to the hospital, or from CHARLIE MED to the REPOSE, or from the hospital to the REPOSE, and also to regulate the flow of patients from the REPOSE either back to the hospital for air evacuation home, or back to duty, subsequently. Paul's time here was rather limited and I told him that if I could arrange it I would fly to Cubi Point, maybe in the next day or two, to finalize all of this before the ship arrives. It is my understanding that the REPOSE is having some sort of trouble with its frozen blood reefers and this may take a few days to resolve. Things are quiet out here at the hospital right now, so the thought of flying to Cubi sounds great to me. I may then come back aboard the REPOSE if I have time and, if not, I'll fly on back. Chuck Brodine also intends to fly over to Subic and to discuss hematological matters with those aboard the REPOSE.

A sign of our greatly improved security, now that the Marines are here on the compound, is the fact that I have converted my bunker to a chicken coop. I had asked one of the corpsmen if he knew where I could get some chickens. Well, he took the matter up with a traveling missionary who sold him 4 hens and a rooster and a wicker basket to carry them in. So, I now have them just outside the hut, in the pouring rain right at the moment, but they have apples, and oranges, and bread and lettuce to eat, plus some aged fruit cake that was sitting in one of the reefers. I'll let them raise a few chicks and then maybe we will go into the fresh egg and drumstick business later on this summer.

This may be a bit repetitious but, as I hear it, we shall soon have three of the barracks ships in the bay and I understand that each will have a medical and dental officer assigned, plus corpsmen. I understand also that those people will stay with the ship and they will not be available for use here in Da Nang or for local assignment in Chu Lai or Phu Bai. Well, such being the case, we will need to draw our people, who are now aboard the ships, back so that we can man our other miscellaneous activities here, and they then will have to be replaced by personnel assigned by EPDOPAC. I am sure that you all are well aware of this and are probably way ahead of me but I thought

I would bring the point up.

Our patient census, incidentally, in the hospital today was 85; yesterday it was 95. The wards, as you know, are designed as 120-bed units but our bunks are larger than those back in the mid-40's and we do not have the space; actually 115 beds is probably a better figure, and in our intensive care area, which is about a third of one ward, we have beds running parallel to the long axis of the building. This even further reduces the number of beds that we can have. This arrangement is necessary because of the closeness of the bunks and the curvature (sic) of the quonset, and if you have fluids running in or you have a gurney to transfer a patient to the bed, it is not easily done with the beds in the normal configuration. Our second ward has water running again and, as soon as I can get space to house our staff elsewhere, I will move them out and put in 120 more patients.

We have a ten year old Vietnamese boy on the ward with a depressed skull fracture. At least, that's what he came in with. One of the OB ambulances hit him the other night so he was brought in here. He has now had the continuity of his calvarium re-established and will be going home tomorrow.

Among miscellaneous matters, and high among them, are my thanks for the TEN SIGNABLETS. They have arrived just in time.

I sent out a dispatch to the REPOSE asking them to loan us one of their anesthesiologists for a week while ours, Doctor Waldron, goes on his vacation to Bangkok. Doctor Waldron has worked long and hard hours ever since he arrived out here and it is not just here at the hospital, but at CHARLIE MED, so I have encouraged him to get away for a while. I sincerely hope that our second anesthesiologist gets out here without a hitch.

Our building priorities are still numerous. Our air conditioning program has not yet been instituted. We are still waiting for the duct work. We badly need a helipad and living quarters are urgently needed out here. Well, all of this has been repeated repeatedly and stressed at the Support Activity meetings and any other opportunity that I get, so I suspect that sooner or later we will see progress along these channels.

I think I have just about covered what I have to talk about on this particular tape. There is one other item, I believe. I don't think I have mentioned that we have our officer's club now in business. It is one of our quonsets. We have a bar there. We are now members of an official mess and we have a young Vietnamese lad, who is learning how to become a bartender and he keeps the place clean, and he sleeps out there. He has been given permission to eat here on the compound and, during his spare time during the day, he goes through the huts and polishes shoes and helps out any way he can. He is a good little

He speaks a rather limited amount of English, things like yes
no, but he is getting the message and he is popular with everybody

I think that just about completes it, so I will secure and wish you
all a happy Valentine's Day and George Washington's Birthday or
Lincoln's birthday or both as the case might be. It is now over and
out.

Circle A

24 February 1966

7113- TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is the evening of the 14th of February and that makes it Valentine's Day, so happy Valentine's Day to you all.

Last week on the 8th, which was Tuesday, Chuck Brodine and I left the hospital about six in the morning and went over to the Marine Section of the terminal over in Da Nang and caught a flight to Subic Bay. This was about a 3-hour flight. We got there a little after ten I guess and Dawson Mills had a sedan down to meet us so we were picked up, went up and visited with him for a short while in the hospital, and then went on down to the Naval Station to the BOQ. Well, it was filled so we bundled up our gear and reported aboard the REPOSE. Paul Engle accepted us and promptly put us in the empty SOC area.

The REPOSE and the hospital on the REPOSE are both superb. We received a very special sort of VIP type of tour, and there is no question in my mind that that's the most elegant, clean, neat, pleasant hospital atmosphere I have seen in a long time. Comparing the hospital on the REPOSE with our setup is something akin to the little girl who was comparing herself to her mother when they were both taking a shower together and she remarked, "Gee, you're so fancy and I'm so plain." Well, I think that is a reasonable comparison between our two hospitals.

They have utilized their staff much as we did ours. Some of their people have been up working at Clark. One of their anesthesiologists flew over to Da Nang to cover for Doctor Waldron, our only anesthesiologist who finally was convinced that he should go on an R&R to Bangkok (at any rate he had been standing watches around the clock for several months and it was high time that he got a break).

Capt. Canaga

As you no doubt know, one of their reefers for the frozen blood unit broke down so I think they lost a good bit of blood because of that. However, the other reefer was working and whatever blood they had in it was in fine shape. Clark Field called and indicated they were in bad need of blood, I guess primarily because of one patient who was hemolyzing his own cells quite rapidly and they couldn't cross match it, so frozen blood was then thawed and prepared and sent on up to Clark. This, according to Clark, did the trick and they now are very anxious to get a reefer and a cytogenerator themselves.)

I talked to a good many of the staff. Certainly Doctor Wilson has his finger on the pulse of the problem and is going to run a wonderful surgical service, I am sure. Dave Christianson seems quite happy on the Medical Service and he and Chuck Brodine spent quite a bit of time together. As I gather it, the people on the REPOSE are particularly anxious to get out here, and they have been running into the same sort of problems we have where there are little delays and then there

are delays on top of delays but, if I have it correct now, the REPOSE should have left Subic Bay today and will be out here some time on Wednesday. This is a 2-day trip for the REPOSE. The crew being anxious to get out here because their tour, as I got it, doesn't start until they arrive on station and they have not yet arrived on station.

I scheduled myself to fly back to Da Nang on Friday, the 11th. The plane was supposed to leave about 5:30 in the afternoon. After spending a good part of the afternoon waiting for the plane, we were told that it had been cancelled and to check in again the next morning at 0700, which we did and sat around again until about 2:30, which makes it almost 7½ hours of waiting at the Cubi terminal for a flight out here. However, once the plane got underway, why we came direct to Da Nang and I was back in the hospital I think by 6:30 that night. Chuck Brodine planned to come back on the REPOSE.

It is our plan, if the REPOSE anchors out here or certainly remains within helicopter flying distance, to use a good many of their services for outpatient work, and after talking it over with Bill Wulfman and others, we think that what we might do is gather patients here for GI series or special consultations; urology, for example, since we do not have a urologist; eye, if they have an ophthalmologist, since we do not have one yet; but at any rate we will make the appointments for the REPOSE here at the hospital in Da Nang, a chopper will fly them out, and a flight will go out again maybe two or three hours later and then two or three hours after that, and so on during the day, taking other outpatients out to the REPOSE and bringing back some that have finished their consultation. Those that come back will be taken to the Marine portion of the terminal of the airport and deposited there, since most of the population lives on that side of the river and there are transient quarters there for those who have to await flights to Phu Bai or Chu Lai, and they will not then be stranded here at the hospital late at night with the roads barricaded and no place to sleep.

My visit to Subic I considered a high spot because that remains a beautiful place. The Station Hospital is spotless and beautifully arranged. Dawson Mills, probably right at this time that I am dictating, is back in the Bureau visiting and discussing plans for his becoming a Naval Hospital and discussing plans for any expansion that may go on in Subic.

One evening Chuck Brodine and I with Paul Engle and Captain Martin, the Senior Dental Officer on the REPOSE, rented a car and drove down to Manila where we spent the night. We came back the next day. The cost of the trip down and the trip back came to something like \$3 a head. The hotel bill I guess was a little bit more than that but it gave those who had not been to Manila before a chance to look around, to visit a couple of Spanish nightclubs, and just see the town.

Back to earth, back to reality, back to Da Nang. The problems here at the hospital I guess are pretty much the same. We have a lot of number one priority jobs to get accomplished. The Public Works of the Support Activity has given some thought to putting in additional wells, and these I think we will need and we certainly need the water pressure system rather than just depending on gravity flow. As it stands now, the flow is so slow that the second ward, which we would like to move into, has no hot water since the water runs through the hot water heater at such a slow rate that it would burn out the heater. This is one of our problems. Yesterday we had several casualties that came in after lunch and one of the bottlenecks was the X-Ray Department where it takes time to take the pictures since we only have one X-Ray machine working, and then to develop them. When we get the other X-Ray machine working we will be even further behind, since the developing itself takes quite a bit of time. We have talked this over a good bit among ourselves and Dave Ten Eyck came up with a thought that what we really needed was an X-O-mat to process this for us automatically and quickly and thus expedite the flow of patients. I think this is a real good thought and we are working up a justification for it.

We have torn away a part of the wall around the messhall and this certainly has cooled the messhall off considerably. Ultimately we will probably get most of the messhall open. We will get it screened in in time, but it will be much cooler when the hot season comes. To augment this, however, we will move the sculleries outside of the messhall into the space between the messhall building and the galley. This too will cool it off. We plan to put a batteral (sp) wall area around the generator pad, which is right by that first ward, to cut down the noise. Most of the first ward now has sand bags from the deck level up to the lower portion of the windows in the ward. This now gives pretty good protection for those patients who cannot get out of their bunks and get under their bunks. They and the staff too can just sort of duck down below window level in case we get mortared. We will probably be doing this throughout the hospital. It is going to take a million sandbags to get that accomplished.

The brain platoon we have on board--the Marines who are manning our bunkers will be pulling out of here sometime this week or next week so I have heard, but they will be replaced by a new group and I think that the Marines that will be assigned here will be those that are coming in from out of the field and who need a rest and the group then that are here will go out to the field or the bush and go back to war.

A couple of days ago I got a nice letter from Smoky Stover at the Medical School indicating that he had all sort of teaching aid devices that he would send us if we asked for them. I have already written a letter to him asking for them.

I also received a nice letter from Herb Stoecklein with many paragraphs that need to be studied. An answer will be forthcoming to him right shortly.

The Chief of the Dental Division may be interested to know that the Dental Unit opened up for business today and they have a wonderful spot. It's very nicely painted. They have done a good job of camouflaging material. The place just looks real good and they are to be congratulated for all the work that our two dental officers and the dental technicians have put into it.

Doctor Watten, from Taipei, is in the country. I had a chance to talk to him for just a few minutes yesterday afternoon but our conversation was interrupted by the choppers that were bringing in the casualties. I believe today he had planned to go to Saigon or somewhere else but I am sure I'll see him before he goes back to Taiwan.

No word just yet on when Doctor Eisman will be reporting in but we are prepared to house him if he wants to stay out here.

Cal Doudna was in from Hawaii and I was at Subic at the time of his visit here so I missed talking to him. He and Bill Wulfman have taken off for Okinawa to discuss mutually interesting matters with Jesse Adams there.

Our census is 95 again today and this sort of represents a peak figure.

I think some time we will give some thought to reclassifying these wards because 120 beds is much too crowded, particularly with patients coming in and out of surgery and with some coughing and others moaning. They are much too close together and I think the wards would be better as probably 110-bed wards. Bill Adams and I talked to the CB's today about putting up another quonset, which we would use strictly as an intensive care unit and put the quonset up on 2½ to 3 foot concrete wall so that we could use some of this side space.

Well, there goes the buzzer and I think that is about all I have to say, so I will secure and try it again next week. It's now over and out.

7 March 1966

71-P.
710-after 4/25
712-see
71D FBI
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TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

Today is Thursday, the 24th of February, which according to my calendar in 1895 was the day the Cuban revolt began. At any rate we have gotten past, in this year, Valentine's and a couple of Emeritus Presidential Birthdays without too much difficulty.

I have received letters from Codes 1 and 2 about the visit of Captain Eisman. We had presumed that he was in the country from the itinerary that was sent us but we had heard nothing until last night about 6 o'clock when a phone call came in to the effect that he had not arrived at 7. Later on during the evening, about 10 o'clock or 10:30, we got a call that he had arrived, so with a couple of weapon-bearers why we drove over in a ambulance to the airstrip and picked him up and brought him back here, and finally after visiting and chatting we all secured about midnight or a little later. This morning everybody was up bright and early at 0600 and since then Captain Eisman has been with Bill Adams, the Chief of Surgery, making rounds, talking and visiting. We will certainly take care of him as best as we possibly can. Many around here have heard of him and are particularly anxious to visit with him and talk to him and discuss their thoughts and plans.

Captain Lippencott is here from COMSERVPAC and has been inspecting for 3 or 4 days. He was initially quite busy traveling to Phu Bai and Chu Lai and I think he tried to get to the REPOSE but was unsuccessful. Our unlimited list of crises has been presented to him to take back to Pearl Harbor for evaluation.

Last night I received a letter from Admiral Welham, indicating that he would be out in this area from the 28th of this month to the 3rd of March. Just what days he plans to get up here is not clear to me and it may not have been worked out--his schedule as yet. At any rate, we have a dispatch out to Paul Engle on the REPOSE and infoing Captain Wulfman, and Captain Arnold, and Commander Wilson, to stand by that we plan to have a meeting as soon as we know definitely the date and the time.

The hospital is in the throes of a face lifting right now. You may recall that, at the outset, we had lots of sort of scrub pine trees growing in the sand and this area was somewhat shaded and pleasant. Well, some of the trees, of course, had

to go because of the buildings and the roads that were being developed but almost all (and there were several hundred) were cut down at night by the natives, who wanted the wood. They will not cut down their own trees but they are only too happy and ready to filch those that belong to someone else. Well, our efforts to guard against this illegal tree cutting were just token efforts since it seemed unreasonable to shoot down the women and children for such a minor matter. However, after our encounter with the VC last October we ourselves elected to chop down all the main trees in order to improve our visual coverage of the compound, so this then left us as nude as "September Morn." Now across the street and up the road a bit the civilians, U. S. construction companies, are building a new site for themselves and there are 800 palm trees in their way. The Support Activity has gotten into the act and captured these trees and they are now being transplanted on the hospital site. Well, this is a wonderful improvement and with some luck I think most of them will survive. Last night, fortunately, we had a little rain to water them. Water is something they have badly needed. On the less glamorous cosmetic side of the hospital site is the tacking down of rows and rows of burlap bags into the sand. On top of these bags then asphalt is being poured and this is designed to keep the sand down when the helicopters land. Well, it has helped to cut the dirt and the dust but the effect will be short lived as the sand ultimately will be blown over on top of the burlap bags, and the bags then will have served their purpose. A lot of thought, however, is being given to putting turf or sod over the compound. I am told that this can be done cheaply; that it is even less expensive than the burlap bag program. We may invest then in a pilot project of this sort and if it works, why I think we can get the whole 50 acres sodded. Of course, we are going to need some water to keep the weeds and grass, whatever it is, growing.

The installation of the air conditioning moves slowly. It took better than two weeks I think to get the duct work in for the CSR area. Well, it has now just been completed; the air conditioner has been turned on and the building actually is somewhat cooler. This being a pilot project, we are anxious to see how it works; whether the ducts sweat inside the building; how we insulate the duct work on the outside as it comes from the air conditioner itself. Once we see how this works, why we will be able, with a little more confidence, to proceed into other buildings. The Vietnamese are doing the duct work entirely. This is something that is quite new to them and this is on-the-job training. They have started to prepare the duct for the second surgical hut - the one that was blown up and is not now in use. I think once they get that in and we get the partitions, and sinks, and lights, and

things into that hut, we will test that. If the air conditioning works pretty good there, we will then move into that one, close up the other surgical hut, and get the air conditioning ducts going into it. Then, of course, we want to air condition the wards. After that we will work up a priority. That is our important areas because, if we are going to be able to hold patients here, we must have air conditioning. We will be, in a month or two, into the hot season of the year and this is of paramount importance to us. The CB's know it; the 30th Construction Regiment knows it; NSA knows it.

The REPOSE left Subic and came to Chu Lai and is still off shore. We have not yet established contact other than by periodic visitors going and coming. Lieutenant Benedict, Medical Service Corps, came up from Saigon a few days ago to work out the details of patient transfers to and from the hospitals to the REPOSE from Charlie Med or to the REPOSE, and to work out a joint patient evacuation system. Once we get the hospitals up to where they have two wards we will assume the overall regulations of transfers and evacuations and so forth. At present, however, Charlie Med has it as they have had since they came out here and organized themselves last year.

Dr. Billharz, one of the REPOSE's anesthesiologists, was with us for about two weeks and has now returned to the ship. He did a fine job for us and rendered a fine service. I think he enjoyed it, but I think he is also glad to get back to his own little bailiwick.

I believe I mentioned on a previous tape that we hope to be able to move our staff back and forth between the REPOSE - giving the REPOSE people a chance to get ashore and giving our people a chance to get a little sea duty.

It is with deep regret that I report the death of the last of my chickens; the dogs ate two; two died rather promptly; one lingered critically ill for several days and finally late yesterday he past on. I talked to Dr. Curtis, the dermatologist out here, he said he thinks the chickens all died of New Castle disease. There not being any other authorities out here, my feeling being that those that weren't eaten by the dogs just died of anorexia nervosa figuring they were going to be eaten by the dogs. At any rate the bunker has now been cleared out and is once again serving its primary purpose as a spot to jump into if we need it.

Dr. Brodine is down in Saigon this week with Ensign Bates. We expect them back later this week. Brodine and Dr. Eisman had a chance to get together a couple nights ago apparently.

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Our hospital census has had 108 and this is exceedingly high for us as the beds are jammed closely together and this taxes us quite a bit. We had one or two occasions of rather heavy admissions, a bit heavier than our transfers and discharges. Today, however, we have dropped back down to something just less than 100 - I think it is 97. When we get back down to 90 or below then we will call upon Charlie Med to transfer some of their patients to us. I don't believe I have mentioned that we have two visiting Chaplains living on board with us now; one, Commander Gibbons, is the Catholic padre who belongs to the support activity. He will be the senior Chaplain in the area. I suspect he will move out when our regularly assigned Chaplain arrives. The other is a Lieutenant Commander Chrisman, a Protestant who belongs to the Marine Air Wing who, at the moment, happened to have an excess of theologians on board so they are farming a few out. Chaplain Chrisman will go up to Japan probably in a week or so. Our chapel is being worked on; the pews and the alters and the offices and things are going up. It is a double wing concept - has a small front porch at one end that has a cross painted on top to indicate that this is a church.

NSA transferred a barber to us the other day. He had put up a shop and I noticed today as I was canvassing the compound that he has a monkey tied outside. He claims that the monkey was found this morning in one of the washing machines. I don't have it clear in my mind but I think maybe the monkey was brought in probably by somebody at the terminal end of his liberty. At any rate the monkey is chained and will remain here in the event that there is somebody around that might have been bitten. We will keep a close eye on him. I am not particularly interested in having the compound cluttered up with primates unless, of course, they are formally employed by us.

May I ask that a message be past to audio-visual. Out here we could use photographs of hospitals and hospital ships, old ones and new ones; we could use photographs of distinguished persons of the old and the present medical corps; of CNO and SecNav, and possibly autographed photographs of BuMed's flag officers, medical and dental. Anything they can offer us, of course, will be used to dress the place up.

My last item is that, and I think I probably omitted this before, the new commanding officer of the Naval Support Activity is Rear Admiral Weschler. He came in about two or three weeks ago and has done a wonderful job. We are really fortunate I think to have him on board. I will comment more on this later as we progress along.

I think this is it for the hour; it is now over and out.

present

Confidential
23 March 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE
CANADA, MC, USN

Here it is Tuesday, the Ides of March, and another week has rolled by. Probably by the time this tape is completed maybe two weeks will have rolled by.

72 Last week was marked by several events. One was the return of Captain Eiseman from his journeys cast out into the front lines. Another was the sudden departure of the REPOSE, completely unscheduled as far as we knew, to return to Subic for food and fuel. Another was that our sewage system has suddenly become saturated and is now overflowing into the countryside. Another item had to do with the fact that one of our two wells had completely dried up and finally (and this seems to be about where I came in) Captain Eiseman finally departed for assorted spots south of us and elsewhere and subsequently to home.

Now all of the above can be amplified a bit and I may do so without becoming too boring, I hope. Captain Eiseman's return here meant that he had been actively participating in all the major battles in our area from Phu Bai to Chu Lai. He did a lot of operating in the field and at the resuscitation stations, and he got out aboard the REPOSE. His return to the station hospital was to give him time to assemble his thoughts and get them recorded. This he has done, and I believe he has mailed them to the Bureau.

He elected to take the watch one night, and it just so happened on that particular night we were advised to stand by to receive 50 to 100 casualties from a Special Forces station nearby which had just been overrun by the VC. Well, from that particular Special Forces station there were a few survivors, and of those, the survivors that were injured went to Charlie Med. So actually we had a very quiet alert, but it was a good drill. In preparing for it, however, we called the REPOSE to see if she could lend us some blood. C Med had called here earlier so she sent all the blood over to Charlie Med, and we felt then that we could if we needed to draw upon Charlie Med's supply.

The REPOSE also indicated that right at that moment she was about ready to turn around and head back for Subic Bay for repairs, for fuel, and to resupply her stores. Our plans actually were being made right at that same time to try moving patients by boat, should the REPOSE come into the bay and anchor. There was going to be a trial or a pilot run the next day, so this was cancelled.

done a fine job and we will long be grateful for his visit.

On the subject of Taipei, a Lieutenant Commander Fresh, a pathologist from the NAMRU outfit, was here for a few days looking into some research possibilities, and I'm sure Code 7 will hear from him shortly! We had an occasion, however, to put him to work on two autopsies and problems concerned therewith which are under investigation.

The beach is open and virtually everyone has been in for a swim. The water is excellent, the sun is hot.

Village sick call this week, Monday morning at 10:00, was a bit more brisk than the preceding week. However, the clientele consists mostly of women and children with stomach trouble, pyoderma, and cough. For my money soap and vitamins are the key to the Med Cap operation. We have been giving out vitamins and they take them I suspect just as we prescribe them on a one-a-day basis. We've been giving out bars and bars of soap. Just what happens with this, however, is another thing because I doubt if they have any intention whatsoever of using the soap themselves. They don't draw water from their wells to wash themselves. That water is drawn for drinking and cooking. It may be that the soap is just sold in town.

Until today progress on the ducts for the air conditioning was moving along pretty well and I thought that we should have at least one ward ready probably within the next two to three weeks. The electrical wiring and the power is still a bit in the future, but hopefully by mid-April we can count on a cool form of comfort for the casualties and corpsmen. Today, however, the situation changed a bit. With the ousting of General Thi several groups have formed in town to protest it and have threatened to disembowel themselves or burn themselves publicly. At any rate today all civilian workers went on a strike. Now those of us here at the hospital depend pretty heavily upon civilian workers to haul the garbage and trash, to work in the laundry, to build the air conditioning ducts, and a good many other things. None of them showed up. This is a protest by innumerable people around here against the firing of General Thi. What happens I have no idea. I tried to find out in town what the outlook was - was the strike going to last just for the working hours today or is this an indefinite thing. I can't even get anybody to say that it's indefinite.

Now I remind those who deal with bodies that we need corpsmen and medical officers to man the three barracks ships - the three APL's that we will have out here in the bay. We have two now and one more is coming on down. We also need personnel to man the dispensary in Chu Lai. I think these problems were actually settled some months ago or during one of the early visits that the medical officer, COMSERVPAC, made out

here. He said these things were already settled and the numbers would not come from the hospital census. But the time is drawing near when we have to man these areas. The enlisted men here are particularly concerned whether or not they will be frozen out in Da Nang for an additional four months until their enlistments end. I hope that they go home after twelve months out here. Not only just to get back to their families but to get back to the climate and surroundings with which they are familiar.

Well I think that does it, so with nothing more I will consign this to the postal service. But first may I put in a very personal note to thank all of those whose thoughts and gestures were such a help and consolation to my family recently. It's at times like this that the caliber and quality of our corps and those who make it up stands out so far above the herd. I'm grateful to everybody - many, many thanks. This is over and out.

Code 7

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31 March 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE CANAGA, MC, USN

This is Tuesday, the 22nd of March; and according to my calendar, it is the anniversary of the bombing of Veracruz in 1847. It's about 0900 in the morning actually. The mornings here are beautiful and the air is fresh and clear; and judging from the way it looks outside, why by three o'clock it will be a boiler, but if nothing else is true it is true that this place has nice evenings and the early mornings are elegant.

This past week has been the week of mine and booby trap casualties. We've had quite a few patients. They have come in severely wounded, burned, and disabled. Our census has risen abruptly from around 120 to 125 to 145, so this leaves us few empty beds, and the crew is pretty seriously overtaxed. In particular, I might say, is Dr. Waldron our anesthesiologist who's been working around the clock for what must to him seem like days and days and days. We have tried to locate Dr. Inglove who is reported to have left the HAVEN for Da Nang. BuPers was asked to expedite his arrival out here, but we've heard nothing from them. We sent off a dispatch to the REPOSE, which is now in the Phillipines, to see if they would loan us an anesthesiologist again. No word from them. We called Saigon to see if there is by chance a Navy anesthesiologist waiting around for some place to go but no luck. Right at the moment we're trying to get hold of the MACV's office to see if they can help us. This is a critical item in our business. Last night, for example, the entire surgical staff was up all night long. Right at the moment this morning, we are receiving another load. We were able to get an emergency evac flight out last night. I think we sent about eight out around midnight. It's my understanding that the medical battalion is similarly taxed with casualties from Phu Bai and Chu Lai so they're not able to help us anesthesiologically.

We had a LtCol Sheehey, he's with the Army, and he was up here with us for a few days. He left this morning about 0430 to go on down to Na Trang and then subsequently back to Saigon from whence he had originally come. He is with the Army's Consultant in Internal Medicine and is a most personable and scholarly person. He made rounds with Dr. Ten Eyck and others and discussed and talked about current topics of interest - gastrointestinal problems, hematological problems, and malaria. From listening to Col. Sheehey and finding out how the Army runs things, I find that I get a bit envious or jealous. For one thing, he said he had just ordered and

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received 20 electrocardiograph machines. He said he asked for the most expensive on the assumption that they were the best. We have recently had to borrow one daily from Charlie Med to follow a recent massive myocardial infarct that was admitted. The Army has built hospitals similar to ours in a question of weeks all with concrete decks; all the quonset huts with concrete decks, for example. They have their own chopper ambulance service. They seem to have a better organized sub than we, at the moment at least. I might add, however, that I have not heard anyone in the area suggest that he would like an interservice transfer. There are a good many that are looking for a transfer but not an interservice transfer.

Our call, incidentally, in the last couple of minutes to Col. Neal in Saigon, the MACV surgeon has borne fruit, and he has promised to come up with an anesthesiologist shortly for a week. He'll call us back when he finds out where he is and when he will arrive up here.

I have received the pictures of BuMed's one digit codes and the Chief of Naval Operations; they're all in perfect shape, and we all send our thanks to you for them.

A couple of days ago, an Australian officer died here. He had been doing very well. He had been wounded and like two or three others, he just up and suddenly expired. We have performed a few post-mortem exams to see if there were any gross reasons for the sudden death. No apparent reasons have been found, and I suspect that in time when our lab is better prepared that we may run into chemical, electrical, or metabolic problems and that possibly those are the causes of the demise of these patients.

We had a rather tragic situation recently. Without a Bird machine we transferred a patient yesterday morning to Clark with an attendant to squeeze a rubber bag for his respiration. Our corpsman had been sitting at his bedside for about 10 hours manually breathing for him. We put him on a chopper, sent him over to the hospital plane to go to Clark but he died enroute unfortunately. We do badly need Bird machines. We ordered Bird machines late last year, I believe in September, but they have not yet arrived.

Some of our problems are acute and some are chronic. The chronic ones fortunately have a certain aura of hope that maybe total recovery is not too far away.

After many attempts to get our new well in, success finally came. It's not yet producing water, but it's felt that in time we can flush the sand out of the 80 to 90 feet of pipe and get the water running again. The one well we have is taxed, and last night we ran short of water for a while.

The sewage problem, on the other hand, is not moving well. They have 1/10 of the number of lines that are needed in the second beaching field. This has taken them 5 days so if we count that arithmetically it will take 50 days to get the whole beaching field in. I hope that actually we can get better results, and maybe, in a week or 10 days we will be back into business.

The chopper pad has been relegated to the background while the other items, the wells and the sewers, are being given the higher priority. The chopper pad situation is interesting, incidentally, since last Saturday one of the real large helicopters came in to drop off a patient. This is one of the biggest choppers so far. It landed in our front yard, and the chaos that the blades stirred up ripped up a good part of our wooden walks and overhead roofs - threw all this mass of lumber up on top of the quonsets. Fortunately nobody was injured in the commotion. All of the debris was rapidly picked up and put aside, but yesterday a similarly sized chopper landed. This time we had everything pretty well battened down and no damage was done; however, it did spread dust all over the place.

I may have been preaching a good bit of pessimism but I can say that there is some optimism on the side and one of the reasons for our optimistic outlook is that the signs of our pioneering life are rapidly fading away. We now have concrete sidewalks, at least in front of the hospital and around the galley area, and more will come.

What may not be apparent in this communication is that right at the moment now it is evening about 12 hours later on the same day as the dictation on this tape started. The lesson I have learned today, I suspect, is that one should panic at frequent and regular intervals. Earlier in the tape I mentioned our anesthesiology crisis. At noon today I went over to Da Nang to have lunch with Admiral Weschler and Admiral Highland and others, and I learned there Dr. Inglove, our anesthesiologist, had in fact arrived. When I returned back to the hospital site, I found this to be the case. Well Dr. Waldron is now sleeping, and he will be asked to return to work in a few days after he catches up on what he has lost.

Tomorrow I may get a chance to get a quick flight down to Chu Lai. I have never been there, and I would like to see what sort of a place it is - where they plan to put our dispensary and where the Marines plan to put their hospital, things of that sort. The problem with Chu Lai is that it's not difficult to get transportation down, but it's difficult to get transportation back, and people have known to have been stranded down there for two or three days. Well this

I'm trying to avoid. So my plan to beat the system is to identify myself or attach myself to some high priority group that is going down there that has to get back. This, I hope, I have accomplished.

We are deep in the spell of the moonless nights right now as lots of distant activity that we can hear. There are flares and periodically off in the distance one can hear machine gun fire, but around here it's quiet. Last night was noisy so we should have a little bit of rest or at least a day of rest today.

I would be grateful if one would pass on to Capt. Miller that the book he loaned me and which I have now just received will be read and carefully guarded and returned to him. I'm really delighted to get this. One of our doctors right at the moment is reading THE STREET WITHOUT JOY and has promised that I may have it next. This book that Dr. Miller has loaned me is DOCTOR AT DIEN BIEN PHU, and it's a fine story particularly related to our current operations; and I think the more we learn and the more we read on this matter, the better off we'll be.

For the dental division I might mention that we have LtCdr Blankenship, a reserve dental officer, on board for two weeks active duty. He was with the USOM or the USAID group down south of us; and when his tour down there was completed, why he reported up here for his two weeks of active duty. He is, if I have it correctly, not only a dental officer and an oral surgeon, but he is also an MD. He fits exceedingly well into this cosmopolitan society.

My final and closing remarks have to do with the enclosed photo which may be of interest to you. The quonset hut is one of our three admission rooms - receiving wards. The framework sitting on top of it is what had happened to the overhead walkway when the helicopter, the huge one that I mentioned earlier, came in and blew everything upside down; and I think I mentioned at least that all of this is properly disassembled so that if another one came in, there would be no debris to fly around and hit others.

Well, the buzzer has rung; that's it for the present. It is now over and out.

12 April 1966

T TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE
CANAGA, MC, USN

Today is Monday, April 1st. The native population is not aware of April Fool's Day, I suspect; at least they don't recognize it, but they're not suffering. I think that they figure us to be just peculiar for no specific reason but that we have periodic acute exasperations. Actually, it may be that they have a similar day which is the 2nd of April, and I might go into that in a little more detail if there is time toward the end of this belt.

I have heard and corresponded with my relief, Dr. Schufeldt. He and I are shipmates from the Phillipines, and actually we've been in correspondence since 1959. Dean is a particularly competent surgeon, a hard worker, and a clear thinker, and he'll see this place functioning with its 400 beds at a full speed status as it should be.

Our construction situation is pretty much unchanged. The 36-hour well digging project is now in its third week and still no luck. The second half of the first beaching field is about half done now, and I feel confident that it will be 100% completed by this time next week. The neuro-psychiatric ward is well along - I'd say 40% - and I asked them today to hold off partitioning one of the wings in order that we may house personnel in that until quarters are up. With the partitioning in we would be restricted in the number of people we could get into the wing. We can put up the partitions later.

Bulldozing on the quarters area started today, and I think I had mentioned earlier on a previous tape we have new plans for distributing the quarters so that we can bypass the graves which are, at least which were, in the way of quarters. We can just bypass them and relocate our quarters elsewhere.

Someone came up recently with a guess that CB's could put up one and a half quonsets a week. Well, since we need 18, this means 12 weeks and that then uses up April, May and June before we can move our staff out of the temporary quarters that they now occupy such as in the wards, laboratories, storerooms, and the morgue. In addition to putting in these 18 quonsets for quarters, we're going to need sewage lines, water lines, and electrical fixtures. The air-conditioning duct work is moving along nicely. A part of one surgical ward actually has the air-conditioner pumping cold air into the area; and although this is just a trial, it appears to be quite effective, and I think once we get the whole program in effect the patients are going to be happy particularly during the hot season - and it gets hotter every day.

Fr Code 1 I received a copy of a letter that General Walt had written to him. This was a very fine and nice letter to have received. General Walt is one of the most admired and respected officers I've known, and this place is much better off for his having been here - for his being here.

I received a letter from Captain Lippencott at COMSERVPAC suggesting that we here in Da Nang keep in close contact with the people in Subic to let them know what some of the problems and pet peeves were in the construction of our magnificent health haven on the sand dunes. I will see that we do exchange views. This has been the experience, the construction of this place, and I would like to share it with Dawson and in due time I'll be happy to shed it to Dean.

A note should be inserted in the record, I think, on Bangkok. Apparently all it takes here for an R & R is three months on station and the assurance that you have \$150 to foot the hotel bill. After that all it takes is about a 2 1/2 hour flight by military plane, and finally after that all it takes is every cent you have to stock up on valuable savings, but it is worth the time and effort.

Unlike most cities in the tropics, this is a, Bangkok is a, busy, energetic, and clean city. It is quite spread out and modern - modern buildings and hotels mixed in with the ancient temples.

Their big claim to fame is their jewelry, which is inexpensive. From an experience, on the other hand, they are quite expensive. The chow is basically oriental and the Thai dancing is quite exotic. As I mentioned, there are temples all over the place and canals that travel throughout the city. The natives, I think, are among the world's most hospitable and cultured. There is a seamy side to town but I missed that. One of the remarkable things that the Thais do is to send their doctors to other countries for post graduate training. Some go to Germany, a good many, as you know, have gone to the States, and I think Canada is on their mailing list, Great Britain is, and no doubt there are others that I don't know.

The Thai Navy Surgeon General spent a year at Florence Hospital in St. Louis and he was there at the same time as Capt. Ben Eiseman was when he was in resident surgery. The executive officer of the Naval Hospital at Bangkok was on neurosurgery in San Diego when I was there as was my guide and leader during my stay in Bangkok, Lt. Cdr. Dhim Kra Charn, who was on medicine. The executive officer's name, incidentally, was Nanagara. To me the Thailanders typify the classical oriental scholar and gentleman. At 4:30 in the morning the day I returned to Da Nang I had to get up and get over to the airport. Well, at the airport at this unholly hour of the morning Dr. Dhim Kra Charn came to see me off. I thought that was a

very nice gesture. Another friend sent me a case of Siamese beer, which I think was also a very nice gesture. The Surgeon General gave me a cigarette lighter with the insignia of the Thai Naval Medical Corps on it.

There is a lot of diplomatic activity in Bangkok, and I think if I were an attache or an ambassador that's where I'd want to be assigned; unless, of course, it were required that one must have a reading and writing knowledge of the language. Their writing is completely incomprehensible to me, although, I did, by carefully studying the subject for the five days that I was there, learn to write the word Coca Cola.

I continue to get rumblings and this may be of some interest to a few that there is a possibility that many of us will see duty in this area, the feeling being that with the growth and expansion of our effort in Southeast Asia, Thailand may come to occupy the seat of honor.

We continue to be plagued with political problems. You may have heard that General Thi had been fired by Prime Minister Ky. General Thi comes from Da Nang - this is his area, so with his being fired, the strikers struck. He was not, however, repatriated so the strikers continued to strike but just changed their cause to one which would encourage the employment of more civilian leaders in the government activities. Whether or not this was accepted I do not know, but I do know that the strikers have elected to continue striking, and this time the cause was to be one that would hasten the referendum or hasten amending their constitution. Well, Prime Minister Ky promised them that the voting would be pushed up so that everyone could vote on the amendments within the next six months. This having been accomplished, the strikes were called off.

Now in the last few days there has been trouble in town between the U. S. and the civilians, maybe exchanges of blows and shots and automobile accidents and things, so that tomorrow an overall strike and demonstration will occur and all of our military traffic will be off the roads. This is the first time that real stringent measures have been used, but we will completely take out all military personnel from the area. As a matter of fact, those that work will go to work about 7 o'clock in the morning, and they will stay there until late in the evening when it is anticipated that the strike will be called off. Those who work at night will go home at least by 0700 and stay in whatever hotels, apartments, or BOQ's they may live in. There will be no traffic in town. There are people meeting tomorrow for R & R to various spots around the Southeast Asia area. There are people going home. They will all have to be at the airport by 4:30 or 5:00 in the morning and then just wait until their planes leave. Regardless of what time the plane leaves, they're going to have to sit it out. Well, this should be an interesting show. Whether or not something or not will be hard to say.

My suspicion is now that that just about covers what I have
to report upon, so I'll secure at this point. It's now over
and out.

Have a real fine meeting, which I gather starts toward the end
of the month.

18 April 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE
CANAGA, MC, USN

This is Friday, April the 8th, Good Friday, and it may be that some of our confusion here is going to pass. It would appear to me that if the earth can rotate on its axis in one direction and simultaneously revolve along its orbit in another direction, then I suspect it's perfectly reasonable for those of us who inhabit the earth to fight an external war while simultaneously fighting an internal war, both of which are mutually annihilating. It may well be that we do not know what we're doing but certainly it's not boring.

Towards the tail end of last week it was apparent that there would be more demonstrations in town and that the local population would do whatever it could to discredit the Americans. Now they were not doing this, so I am told, because they are madder than usual at us but because our discreditation would bring discredit to the Saigon government. By discrediting their own government, they felt they might get early elections for one thing and also an ousting of the military leaders who are in the government - ousting the military personnel in favor of civilians. The people in this the first corps area are quite fond of the recently deposed General Thi. Since he is now a civilian having been removed from the army, it seems reasonable to look to him as the example, as at least one of the examples, of civilians in public office. He may then reappear here in Da Nang as some important civilian authority, or he may even step into the Prime Minister's seat in Saigon. It's possible that we discussed this in my last tape.

Just a week ago, last Friday, we had a hurriedly called meeting in town with Admiral Weschler, the Commander of the Naval Support Activity. He advised us on the proposed strikes and demonstrations to be held in town. All traffic, all military traffic, was to be off the streets for a day or so and that seemed to be the way it would be, at least at that time. Well, it's now gone on for a week.

Early this week we picked up three female casualties. Two were sisters who had been wounded and the third was their mother, and she was accompanying them and this apparently is quite customary for somebody to accompany patients to the hospital and live with them in the hospital. One of the wounded females died of intracranial injuries; but the next day two more women came in, one of whom had received a wound of a leg and the other who was an escort with her. We called into Da Nang and received permission then to send all the

females over to the native hospital. However, our ambulance that took them over was stopped just having crossed the other side of the bridge into the Da Nang side of the river by a barricade of people who had, among their other forms of armor, a 50 caliber machine gun, so then they returned with their load to us. I called Admiral Weschler and suggested that I ride back with this collection of women; and if we were stopped again, just to deposit the patients, the escorts and the one body that we had right in the street where the barricade was. He suggested as an alternative, however, that rather than go back over the bridge, he would have one of the ferries meet us and take us right into the heart of town. So I went with the ambulance, and we found the ferry waiting for us. It took us right over into the heart of town, and we bypassed thereby the bridge. We made it through to the hospital, passing through a few of the groups of restless people; but even the hospital attendants were short-tempered with us. We deposited everything we had there at the Da Nang Provincial Hospital and our trip back was easy. I have stayed out of town completely since then.

Now a couple of nights ago we received 36 refugees from the principal city up north, Hue. These refugees are mostly missionary, a few U. S. AID personnel, some foreigners, and a professor of pediatrics at the medical school up at Hue. Among the 36 there were about 20 women and children, several babies, one baby being three weeks old. A plan was hastily devised where the women and the babies were housed in one barracks at Camp Tien Sha, which is at the base of Monkey Mountain. The men were housed in another one. I spent the first night with them with two of our corpsmen. We've had a corpsman with them ever since. The night that I was with the refugees was a completely quiet and uneventful night, at least on our side of the river. Over in Da Nang, however, it had been rumored that General Thi was back in town and that he was in charge of an army that was going to invade Da Nang. We heard also that Prime Minister Ky had sent soldiers up to Da Nang to fight off any of Thi's troops. With this information, Admiral Weschler elected then to split his staff into two parts - he and a group came over to stay at Camp Tien Sha with the refugees and leaving an equivalent half on the other side in the main building in town, which is known as the White Elephant. Well, this particular night then we kept in touch by radio with goings on in Da Nang. Actually, nothing happened although there were great potentials. The messages came over that the White Elephant building had been barracaded by the civilians on all sides, that General Thi did, in fact, have an army that was crossing the river and coming into Da Nang from back in the rice paddies, I presume, that everybody was armed. Nothing transpired, and the next morning the sun rose as normal. The admiral and his staff departed by boat and

went back to Da Nang. The city of Da Nang, however, is still off limits for military traffic. We are now allowed to send one man over by ferry each day to pick up mail and any other correspondence that we might need.

With the many restrictions in the area, the hospital has been exceedingly quiet. We run about 130 patients. Very little work is being done by the civilians in the hospital, some have shown up at times and then while here found out that there might be a strike going on somewhere so they skip off. This has given us plenty of time to go to the beach and get in a little swimming.

The refugees remain with us. I go down every morning to see them and see what we can do. Our corpsmen are looking out for them but actually they are a pretty self-sufficient lot. They have no means whatsoever for communicating with the State Department people in the area, and they certainly hope to get them over and visit with them soon. They have no phones. The Red Cross is locked up in town and not able to get over; but hope runs high with these people, and they feel certain they will be headed back to Hue in the very near future.

We're certainly located on the right side of the river for troubles like these since all ship unloading is done over on the east side of the Da Nang River. We can get our daily delivery of fuel for our generators. This is certainly a life giving or life saving item for us. We get food and supplies. We do not get much mail, however, because this comes by air generally, and the air strip is over on the other side.

For the first two or three days of this week, we were on a reasonably tight security status and that meant that the CB's were in their own bunkers in their own camps rather than over here working. They have come back, however, in the last day and have put up a couple more quarters for our enlisted personnel. They are wiring the two wings of the MP unit. We have people living in these wings now, but they are without electricity. The CB's are also working on the front road, planning ultimately to asphalt it. They have been carefully grading it and putting in rock and pushing the rock down into the dirt and sand, and I think that once they get the final layer of gravel on, why they will be able to pour the asphalt. This then will serve, this front road that has been hard top, will serve as our chopper landing for the present until we get the regular ones built.

Air conditioning as I may have mentioned earlier on this tape has come to a virtual stop, at least as far as the duct work goes; and this is because of the shortage of civilian help

who have the contract and are doing the job. We have had no luck yet on our second well. This is the fourth week of no luck yet.

I think that probably we are in a position now to open up the second wing of the second ward and thereby house more patients. The low, however, this week has not seen a need for us to do this yet. Charlie Med will occasionally send over a few patients by chopper but the bulk which they normally send to us by ambulance had been stopped; and I suspect that Charlie Med is sending these patients out to Clark Field.

Before I forget it, for Dr. Stoecklein may the following message be passed. Dr. Pitlyk who is our one and only neuro-surgeon but is, in any group, a number one neuro-surgeon wants to go to San Diego when he leaves here; and I think that's next December. He had either written to Dr. Stoecklein or talked to him about it before he came out. What he indicates to me is that he wants to be only where most of the business is. If there is a heavier neuro-surgical workload in some other spot like say in Portsmouth, Virginia, he'd be delighted to go there.

On another subject, I've received more of the pictures that you all have sent and many thanks. I think that we probably have better than 50% of them now framed and hung. We need now merely more glass and some frames to complete the gallery.

I received a call just a short while ago from Captain Wulfman who is the III MAF surgeon and over on the other side of the river. He mentioned that Da Nang East is now scheduled, according to local intelligence, for one of the civilian demonstrations and parades; that if there are several hundred of these people coming over it may be that among them will be casualties of people falling into ditches or being hit by bottles or there might be wounds or whatever may result from large groups of people getting together; and it will, of course, be incumbent upon us then to take care of them. It will be interesting to see just exactly how this works because if we do receive from the group of demonstrators a large number of casualties, we will have to, of course, turn some of them over to the Provincial Hospital across the river in Da Nang where they belong. With road blocks as a possibility, I can see some trouble; but we've resolved our problems to date and with a little bit of luck I think we can continue.

The buzzer just rang so I will secure now. Wish you all or hope you all had a happy Easter. It's over and out.

71-R.

71R-

72 - 73.

71V-

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17 May 1966

74.

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE
CANAGA, MC, USN

QW

Today is Saturday, the 7th of May, and this is the 12th anniversary of the victory of the Vietminh, later to become the Viet Cong; over the French at Dien Bien Phu.

Well, so far the first week of May has seen us safely through. It had been rumored that we would be having trouble around the first of May - May Day - the day that the workers of the world unite, and the second of May when those who could not unite on the first could come in later. At any rate, we observed both days and the rest of the week with caution, and so far have survived.

We have had a couple of incidents on the hospital compound. It's hard to say just what they're related to. But about four or five or six days ago, early in the morning, a grenade was thrown into one of the bunkers on the perimeter of our compound over in the corner next to where the Buddhist temple is located. The only Marine in the bunker at that time was wounded in the leg; and this incidentally, is the fourth time he's been wounded. Four Purple Hearts is quite an accumulation. There seems to be a feeling that maybe there was more than meets the eye to all this and that it has even been suggested that maybe the grenade came from our side of the fence. But with nothing to prove one way or the other, why we're going to accept it as a combat injury. The injury, incidentally, to the Marine was not a real serious one; but he was wounded.

Another item is that a bomb in the process of being constructed was found in the area of our carpenter shop two or three days ago at noontime. It was obviously a handmade affair made out of pieces of pipe and things that are available around here. So the bomb and the three Vietnamese workers who were in the area were all taken across the street to where the Marines have interrogators. The three Vietnamese were returned to the compound with a clear bill of health and character; however, we have transferred them off our area.

There was one more item which was about to slip my mind; and that is, as you know, there has been a good bit of conflict between Da Nang and Saigon and the Buddhists and the Catholics. About a week or so ago, the local Buddhist party, which is not partial to the Vietnamese government, shot and killed one of the natives of Da Nang. At the funeral, they shot one of the mourners. Well, the mourner was able to get to the Provincial Hospital and was kept alive by the efforts of the hospital staff, most of whom are Americans over here in the

Project Vietnam program. Well the senior doctor there felt that this particular individual, the patient, was likely to be fired at again so he thought it would be best if he could transfer him over to us. And I suggested that he talk to the politicians, that the local political situation was such that if it looked like we should be getting into it, why then that was fine with me. Well, I received a phone call shortly thereafter saying to go ahead and pick the man up. So I went over in the ambulance to the Provincial Hospital in DaNang to pick this individual up, but we got there too late. He had been kidnapped about twenty minutes before. Ostensibly, so I am told, he was sent to the Army hospital here in the area, the Duy Tan hospital. Well, the Army here is still under the influence of General Thi, who was deposed some time ago by Premier Ky; and I would suspect that this particular patient has completed his career and closed his diary.

As I look back on it, it seems to me that all I've done over the months in dictating into this machine is to complain and wail. Well, for those die-hards who have not yet canceled their subscriptions, I would like to have another quick wail and this time to complain about the weather and the weatherman.

Construction was moving along here at the hospital at a really beautiful rate during the period of the revolution when DaNang was closed, when the CB's had no other place to go, and we had the refugees. It seems like everything came over to our side of the fence and we got a lot of construction started and a lot completed. But then apparently peace in a sense has come to DaNang so the workers are going elsewhere, and our own personal construction is lagging. Well, for about the first two days of this week we had terrible and violent wind and sand storms. It was so bad that those working up on tops of buildings and putting in roofs and scaffolding and things had to secure; and those that were applying cement, it was so windy and dry and dusty they could not work so they secured. The sand storms filled huts and the buildings and our eyes and lungs and nasal passageways with sand, and this lasted for a couple of days then stopped. We had one nice day and then the rain started. This is an unusual time for rain, but it's been raining off and on now for the past twenty-four hours; and this has interfered with those who work on top of buildings and those who pour cement and all other workers. So for this week, it would appear that not much is being accomplished. Work has been renewed at its usual tropical pace.

Well, our census today was 179, which is certainly a new high for us. We have had a run on casualties, and a fair number of civilians have been in and out. The weekly Monday morning sick call in the village goes along uneventfully. The complaints as near as we can get them from the interpreter who goes with us focus around either diarrhea or a cough.

Last night all the generators at the south end of the compound that furnish light and electricity to the quarters conked out. We had five 30KW generators out there, and finally the last of them died. Late this afternoon we were able to get a little bit of electricity in this area when all of the five broken down generators were hauled away and a new 100KW generator put in.

General Westmoreland has given us his blessing on utilizing the personnel off the REPOSE when it goes back to Subic, and this includes the nurses. Since we will be housing the nurses in our third ward, I have asked that they come for just a week or ten days rather than the month that the ship will be in Subic. We can put them to work here, we can get their opinions, and find out how they will fit into an advance base component such as this, and then move on back and get back to work to finish up the ward. The helicopter pad is moving along well and should be ready for use I think by the end of the month.

The Naval Support Activity is helping us tremendously with a lot of things that the CB's cannot do. It's not that they don't know how to do it, but their work is such that there are a lot of things they are not permitted to work on while they do more basic work here on the hospital site. We have a lot of civilians working here, most of them are women, and they do the heavy work. The men are used as interpreters and have more dignified jobs. Child labor is no problem out here. We have a goodly number of young ones pushing cement wagons and digging, things of that sort. Also, when no one is looking, they, all of them, at one time or another during the day will sneak into the shower for a quick scrub and polish.

The new Vietnamese general who has taken the place of General Thi is a very pleasant, young, scholarly and personable individual. Admiral Weschler had him over for dinner two or three nights ago; and Bill Adams and I went over to meet him.

Some interesting figures that have come my way is that the final population of DaNang East will run something like 15,000 people. So the programs call for a large water works and telephone system and electrical system. The Naval Support Activity, I suspect, will comprise about 50% of that group.

I saw today orders on a medical officer who's coming out to the barracks at the APL. This will be a real blessing here as one of the APL's has moved on down to Chu Lai, which is 40 or 50 miles south. We have a hospitalman chief aboard it who is qualified in the independent duty business, but in time as that place builds up, they will need a medical officer. They have two APL's up here in DaNang with a medical officer on one to cover both of the barracks ships.

Talking with Paul Engle last time I saw him it was thought that what we needed in this area, among other things, was an ear, nose, and throat specialist. Both Paul and I agree that probably if we can get a man of this sort, he should be here at the station hospital rather than aboard ship since a good part of his work is going to be outpatient work; and it's easier for outpatients to see their doctor if he is land based rather than if he is floating around the ocean between DaNang and Chu Lai. I think, of course, that we should get a radiologist out here because this place is growing, and radiologic opinion and authority is something we badly need.

We sent off two of our officers and about 10 corpsmen yesterday on a 10-day R & R to Bangkok. This was a special trip. There is a ship that came in and picked up maybe 100 or 200 R & R candidates. It will take two and one-half days to get to Bangkok. It will unload and leave the people there for five days, pick them up and come back in another two and one-half days; and I think this is going to be a great system, and more people here will get a chance to take their rest and recuperation tour prior to the arrival of that ship. Only about 30% of those who are out here for a year can get on an R & R. With this ship and others that are planned, we'll see 50% or 75% of those also take it. A lot of people don't want to, but a lot by the present system are unable to even though they would like to have had this privilege.

One more item. I prepared an article for the U. S. MEDICINE and enclosed several photographs. Now some of these photographs are official U. S. Marine photographs; and I learned today that I should not have sent them but have rather requested that the negatives be obtained from the headquarters of the Marine Corps and the pictures returned to me. Al Wilson tells me that these pictures belong in the division files or at least in the files of the medical battalion. So if the audio-visual people can photograph these pictures and then return them to me, I will return them to Al Wilson. The pictures are labeled on the back Official Marine Corps Photograph Combat Information Bureau. Returning the pictures to me will allow me then to give them back to Al and then he can be detached in about one more month with a clear record out here. I apologize for the mistake but many thanks for your help.

I believe then this is it. It's now over and out.

8 June 1966

TRANSSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN BRUCE
CANAGA, MC, USN

This is Wednesday, the 1st of June, and for me it's the beginning of the last month. Renewed life has appeared in the faces of the old timers out here as they see reliefs come and their shipmates depart for home. Yesterday, Commander Wilson had a change of command at the medical battalion with Commander Vincent taking up. Last week Captain Arnold and Captain Rohrs traded places. We expect to see the new 3rd MAF surgeon, Captain Baker, within a week, I'm sure; and then Captain Wulfman will be pulling out shortly thereafter.

I share a feeling of gratitude with Commander Wilson for the return of the photos of Charlie Med, and the Naval Support Activity Public Information Officer also is grateful for his pictures, those of the October attack on the hospital, that were sent back to us.

Another item of appreciation to Captain Norris for sending all the data on the Surgeon General's symposium. I suspect that the heat out here has been quietly and subtly baking my brain, however, because I was able to identify only a very few of those in the picture.

On another vein I now have a blood relative out here with the Marines and with one of their howitzer batteries over in the valley by Charlie Med. Looks to me like a good place for the heirs of the family fortune. At least a part of the family is now reunited.

We've received a few rounds of small arms fire one night last week - fire onto the hospital compound. Immediately to our south is a brand new CB unit, and I suspect that they inadvertently let go a few rounds at the shadows they saw during the night. The Marines on our side of the fence were not particularly alarmed. But Marines to the south of us received several casualties from a fire fight in the heart of the Marble Mountain complex about the same time. Down in this Marble Mountain complex there is an old beau geste type of fort that the French erected many years ago. It's now occupied by some of our Marines, and it would appear apparently that some snipers got into the area and stirred things up for a while.

We have three L-shaped wards open now for business. Only two are occupied, however, so the third one is being repainted; and it is available if needed. We estimate that if we're called upon to supply another 120 beds to the area, we can have this ward going within two hours easily.

Admiral Wooding, Civil Engineer Corps, visited the hospital this afternoon. He's the officer in charge of construction down in Saigon, and he is up here to inaugurate a new construction battalion brigade. There are now so many construction battalions out in this area that the 30th Naval Construction Regiment has become overburdened with problems. So the brigade is being formed to pick up the problems and carry on from there.

We had a period of panic Monday night when it was found that our water tank had lost two-thirds of its water. We were down to 40,000 gallons and losing rapidly. Now the wells and the pumps were checked, and they seemed to be pumping all right although there are no meters or gauges to indicate just how much water is coming up the pipes. The pumps do make a noise, and it may be water and it may be air. The significant thing was that the tank had reportedly been completely filled for the last few days, and this sudden drop suggested a massive leak somewhere. All showers, scuttle butts and spigots not vitally needed were shut off; and then by climbing up on top of the water tank and looking into it, it was apparent the tank was actually filling up. So we reopened the showers, at least, or the old standard GI shower only. Now what had happened is that the water tank indicator had been stuck at the full level for several days. So rather than pump water into the tank and have it overflow, one of the pumps was shut off. Actually all this time the water level was slowly dropping. The indicator has, as you might guess, been repaired. Now early Tuesday morning it appeared that there was, in addition, a major leak in one of our new pipelines that has recently been put in. It carries water to the EM club. As it appears now in retrospect by the Monday morning quarterbacks is that this pipe probably had been leaking slowly into the sand, and it wasn't until early Tuesday morning that it finally broke through the surface to reveal itself. Everything now has been repaired.

The Preventive Medicine Unit which got out here a couple weeks before the advance party at the hospital and which has been doing a tremendous job since they arrived are now planning to move their gear, insofar as they are able, over to the hospital area. Their activity out on the hospital compound will occupy four quonsets and one large butler hut. They are pretty well spread out in this area, and they need to draw into a central spot some place where they can set up their labs with air conditioning, and they can set up their machinery with concrete decks and go to work.

The Naval Medical Research Unit No. 2 people were due over here last month. They have not yet arrives, and this may well be due to the civil unrest. The building we have for them, however, is now ready to go. It's good quonset; has been tested. I think as many leaks as possible are out, and they have a concrete deck. We are now just waiting for their arrival.

Starting Thursday, and that's tomorrow, the hospital will start ordering blood from the 406 lab in Saigon. Now to date, the 3rd Medical Battalion has been doing this for us. But with the growth of activities and the fact that our storage capability is so much greater, and I might add safer and better, we will request blood for ourselves and for the REPOSE. The medical battalion will request blood for themselves and for the 1st Medical Battalion which is down in Chu Lai. And the Army who originally collects all this blood in the beginning from Japan will appreciate the easy book-keeping. The Naval Support Activity draws for the Navy, and the medical battalion draws for the Marines.

Last month the 3rd Medical Battalion used about 700 units of blood. Over here at the hospital we used about 500. The 3rd Medical battalion has space for storing about 250 units. The 1st Medical Battalion, which is down in Chu Lai, can store about 50. Now the station hospital has with its two Jewett reefers a capability of storing probably 700 units; in addition to that, we have another 100 at least of frozen blood. I believe the REPOSE probably can store 350 units of blood.

The format as it now exists is that every Thursday a message goes to Saigon to the 406 laboratory. They are told how many units we will need. They then send these up late Saturday or early Sunday morning. When the blood arrives here we are notified so that we will all then go down to the air strip, pick up our blood, and take it to our respective areas. The medical battalion sends blood that they have picked up to their various C and C companies on Tuesday with an evacuation flight which then economizes on the number of trips required by choppers, and it fits things in rather nicely. When we pick up our blood, then, we will store it here and probably put it on the next chopper which should be actually within a few hours going out to the REPOSE.

Emergency supplies of blood, of course, can be ordered at any time and arrive within a few hours from Saigon. The few hours are taken up primarily in trying to get a phone call through; but once the phone call has gotten through, the blood is promptly put aboard a plane and sent on up.

I suppose when Hannibal pushed his elephants over the mountains of Italy or wherever it was, they must have had a good many rumors there; and we're not shy on rumors over on this side. The latest word, for instance, on the REPOSE is that she's going to leave us in about 4 or 5 days to go to Japan where facilities for her repair are more readily available than at Subic. Once the sea pumps and all the other things are done and accomplished, she can come on down here and stay for a while.

Tomorrow Captain Wulfman, the 3rd MAF surgeon, and the new MACV surgeon will be over for lunch. Colonel Neal, the previous incumbent down in Saigon, the MACV surgeon, is returning to Washington so I'm told. We came out here about the same time. We were briefed by Admiral Welham in Honolulu on the same occasion and the day and a half that I spent in Saigon, a part of the day and a half, was spent with Colonel Neal. His relief, of course, will be most welcome over here.

Someone in SIGNS will receive one of these days an amazing account of a rabies evaluation done by the PMU team out here. I had the story told to me, and it's a fantastic collection of ramifications and slips and errors and violations and strokes of good fortune or bad fortune as the case may be, all making up an amazing story. I know that during the development of this particular story, and in less than a week, we ran out of rabies vaccine on several occasions and had to borrow from all points of the globe out in our area. Dave Ten Eyck gave me the original version of the story, and I know you all will enjoy it.

As has been predicted, malaria is beginning to appear; and we received about eight cases yesterday from the medical battalion across the river. From Captain Burke down in Saigon, I am advised that they have all the necessary drugs which are needed for the treatment and eradication of malaria and that we can draw directly from them. So we will not have to bother stateside.

This then, I believe, does it, at least for the present. So I'll secure and get this in the mail. It's now over and out.

4 August 1966

QSM

TRANSCRIPTION OF IBM MAGNETIC RECEIVED FROM CAPTAIN JAMES SPENCER, MC, USN

This is the first edition of the "Bast DaNang News," Doctor Spencer speaking, 25 July 1966. Once again I would like to say that I hope any of you will not hesitate to let me know if you feel that this form of communication gives you too much immaterial or irrelevant matter or, on the other hand, if there's more of some particular type of information you would like me to pass on.

As you know, the night before last we took a few mortar rounds on our compound. You proba'bly have most of the information on that, but a brief summary is to the effect that we took a total of 23 casualties on our compound. This breaks down into 15 staff, 5 patients, and 3 other people who were on the compound at the time for various reasons. These turned out to be, for the most part, quite minor, the worst being a pretty badly shot up shoulder and arm; and this is probably the only one who has to be evacuated to the States. Captain Bushy, who was in the hospital because of upper GI bleeding, had another fairly significant hemorrhage from being placed under his bed, and it was felt that this was a cause and effect relationship. He has been awarded a Purple Heart; and he will make a second who will be evacuated, but this evacuation was planned anyway. We had three buildings hit more or less directly and stray strafing holes in a considerable number of other buildings. One building, the orthopedic clinic, took about a foot in diameter hole through its roof, but on the whole we feel we were remarkably lucky both in personnel and materiel damage for this amount of sound and fury. I would like to mention, too, that I was very, very pleased with the behavior of our staff and patients. For the majority of them this was a new type of situation, and their behavior was outstanding. Credit must also be given to the minority of our people who had previous experience and who calmed and directed operations in an outstanding fashion. I might add that it's probably needless to say that your senior medical officer was quite frightened, but not as much as he would have been if he had realized the extent of damage these weapons can do.

We are expecting our ophthalmologist soon who was redirected to us from Chu Lai. We also are expecting Captain Adams' release, Doctor Dinsmore; and according to my list, we have three general practitioners who are to report in July. Time is getting a little short on them, and some of my short timer general practitioners are getting a little anxious. As I wrote Admiral Norris, I feel that personnel wise or at

present medical officer wise we are going to be in a comfortable position if we get all the increases as Doctor Canaga had previously requested. Again as I told him, this will not include staffing outlying activities such as Chu Lai and Tien Sha.

We all enjoyed Admiral Canada's visit very much and believe we had a profitable exchange of ideas. For instance, he knows my feeling about having nurses out here, and so I need not dwell on that point. We look forward to having a visit from Admiral Norris next month.

When I returned from taking Admiral Canada to the plane, I was met by Captain Gould who is on active duty without pay and is the publisher of the "San Francisco Examiner." Under Navy auspices, he was gathering firsthand information for his newspaper. Since he was so impressed, I trust, will be favorable. He was particularly interested in the work of our neurosurgeon, Doctor Pitlyk, and in the frozen blood bank. When he left, I gathered the impression that he was properly impressed. That same night Mr. Robert Taft of Ohio visited quite at length on our various wards; spoke to all the people from Ohio. With that came a temporary hiatus in our parade of distinguished guests except for the usual visits from General Walt and Admiral Weschler.

Work on the place is continuing to progress satisfactorily. Our intensive care unit has come along especially well and looks as if it will be ready by about the first week of next month. Our water tank is full. One of the buildings hit in Saturday night's affair was the head, and we lost a few hundred gallons of water but managed to close this off before this condition developed to any serious extent. As Admiral Canada knows, we still have not got a helicopter pad; and it may be that we'll settle for paving the streets in front of the office where the helicopters currently land. We will need recessed lighting if we settle for this compromise, however.

Our exchange is essentially structurally completed and due to be moved into about August 1. PMH is scheduled to move over on 1 August, and we are, or will be, said to house them. In passing, on this point I might mention that some more quonsets both for officers and for men are going to be needed; but that request is in, and we trust it will be fulfilled. We have secured our water tank with a locked lid because of recent information of which you are probably aware.

Admiral Weschler was out this morning awarding Purple Hearts, and we had a chance to discuss with him several security

deficiencies which were quite apparent during and after the attack. I'm sure this will be taken care of; but just for your general information I might mention those items are: (1) recessed lighting for our helo landing spot, (2) radio contact with the helos, (3) radio contact with our Marine security net, which was lost, incidentally, during this attack, and (4) an interhospital intercom. This was a very major feature during the attack when we had to send runners any place we wanted to get a message. Finally, just last week our Marine security force was reduced from some 40-odd people to 23, and this proved not to be enough to man the bunkers and act as runners. We had to use six of our hospital corpsmen - four to man bunkers, and two as runners. We have asked that this be corrected and have every hope that it will be.

Doctor Charles from Charleston arrived and by this time had felt a cordially warm welcome. Paul Bennett has arrived and is sitting here and later on I'll give him a chance to have the microphone.

We just received a dispatch that a Dr. H. Hoozstraal is to arrive here today from the Philippines and stay with us for ten days. Other than that his business concerns medical research, we know no more. We are now trying to find out what time his plane will arrive so that we can meet him. Be assured we will offer him every courtesy.

I've got a good bit of tape left, but I really can't think of any more relevant matters to discuss, so I'll turn over to Paul Bennett and see if he has anything to bring up. Best regards to you all. Doctor Spencer.

This is Lieutenant Commander Bennett speaking. I would like to say I had a real good trip over, that is until such time as I hit Clark Air Force Base. After two interesting trips back and forth by bus from Clark to Subic, I caught a MedEvac plane and arrived here on the plane. The next evening, of course, was my official welcome to Vietnam - the mortar attack. We're still cleaning up from this, and I think the public works people will certainly do a good job for us. Our heads were back in operation within an hour, water leaks were promptly repaired, and I think we will be in real good shape maintenance wise. Having been here such a short time, I certainly have no words of wisdom for anyone and with that I will sign off.

Doctor Spencer again. There are, of course, many other things of interest that have happened since I've been here, but I

have not felt it necessary to go into these on this belt due to the fact that Admiral Canada is fully aware of them as well as information you have received through normal channels.

And now signing out.

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17 August 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN JAMES SPENCER, MC, USN

This is Doctor Spencer with the second edition of the "East DaNang News" on Sunday morning, August 7th.

First to bring you up to date on those security items that we found defective in our attack of July 23rd. Helo landing lights have been established, and we now have radio contact with the helicopters and also with our Marine security net.

A hospital intercom system consisting of 10 squawk boxes has been installed but was struck by lightening and at the moment is out again. We are making arrangements to have an extra platoon of Marines consisting of 45 men and 3 officers moved to our compound. They will be housed in hardback tents in the vicinity of the present MP ward.

The initial meeting of the I Zone medical society got off and was a great success. This was held last Friday in our officers club, and we had 65 in attendance. This was more than we expected, and somewhat taxed the facilities of our club. Future planning is, at present, in the hands of the committee but is considered probable that we will, in the future, use the new officers club in downtown DaNang which opened just this past week. The program was presented by our Doctors Spence and Pitlyk and was well received.

On 25 July our mass casualties facility was given a test by the crashing of a C-117. We received 12 casualties, most of them major. Two were DOA and one subsequently died. Given this circumstance, however, things went very smoothly. Our hospital exchange opened as scheduled on Tuesday, August 2nd. It is much better arranged and now is running smoothly.

REPOSE was in this past week, and several of us got to visit back and forth several times. As you know, they took most of the casualties of the Hastings Operation, and we received very few. I had lunch with Paul Engle et al, and everyone seemed to be in good spirits. REPOSE is now in Chulai but scheduled to return to this area this afternoon.

Doctor Hoozstraal of the NAMRU Unit in Cairo was with me for about 10 days. He was about the easiest man to entertain that I've seen. All he wanted was a jeep and driver and he took off to the boondocks looking for his pigs. He seemed to be very happy with his findings, coming across several new species. I enjoyed having him very much.

Paul Bennett and his crew have made up a nice series of visual aids plus a mimeographed handout which served as a very nice briefing material. We gave it an initial run-through for the benefit of the Assistant Secretary of Defense, Dr. Shirley Eisk, and his party. It seemed to be very well received.

I attended the MSC birthday party with several of our people over at Charlie Med. General Walt was there and gave a very gracious talk. The party was as usual of MSC parties, a good one.

The monsoon season will be with us in about a month or so, and we have many things that need to be repaired before that time. All of them have been properly reported to public works, and also Admiral Weschler is requiring a weekly situation report about monsoon preparations. We trust our leaky buildings and inadequate roads and inside heads, etc. will all be ready for the rains when they come. About the chief problem that we face at the moment is what will amount to an acute shortage of corpsmen unless it is corrected. I'll let Paul Bennett give the details, facts and figures, on this point. Request for relief in this area has been put through routine channels, and we hope to see some results soon.

There is a good bit of feeling locally, I think especially Admiral Weschler, for getting nurses out here. Admiral Canada knows that I'm not very enthusiastic either way about this; but if we are to get them, we've got to have some proper quarters for them. At the request of public works, and I think as a result of the instigation of Admiral Weschler, we are putting in for 6 quonset huts with the idea of housing about 20 Nurse Corps officers. This would provide them one hut for head and powder room facilities and one for a lounge. I've listed with Commander Kovacevich, chief nurse on the REPOSE, and asked her advice about how many she thought we should have a very minimum of 16 if we were going to have any at all, and even this would not provide for R&R or illness. She came up with an ideal figure of 20. We would, of course, be quite interested to know what has been decided, or in other words the current thinking at your level on this subject. I have not meant to imply that I would not welcome nurses, although, of course, there will be some problems as a result of them.

Last week General Dayan, former Commanding General of the Israeli Army, was a guest of General Walt, and I had him for about an hour here at the hospital. He seemed most interested and was certainly most interesting. I'm going to put on

Paul Bennett now who will give you some facts and figures concerning our pending possible corpsmen shortage, plus any other pearls that may occur to him. I'll be back on to sign off plus anything else I can think of in the meantime. Switching over now to Paul Bennett.

This is Paul Bennett speaking. Relative to our hospital corpsmen shortage, we have an allowance of 231 corpsmen. At the present time we have 212 aboard. Between now and the end of October, we have 39 corpsmen ordered in, and 128 corpsmen ordered out. At all times we have 40 of our allowance of 231 assigned to activities outside the hospital proper; that is, to the Preventive Medicine Unit, the Tien Sha dispensary, the White Elephant, civic action program, Chulai, and PhuBai. By the middle of October our shortage will be so acute that we may well have to shift a few wards around in order to have adequate coverage; particularly when it takes 22 corpsmen a day just to cover our receiving section alone.

We have two MSC officers who are very nervous, namely Joe Correll and Doug Henderson, inasmuch as they haven't their orders yet and hope to leave around November. We're all looking forward to Frank Pruitt's arrival here. I understand he is in Okinawa now. The only real good news I have to report is we haven't been mortared since last report. That's all for now, and I'll turn back over to the Captain.

Doctor Spencer again. Our officer personnel situation, that is to say the medical officers, has improved considerably during the past week. We received four GMO types earlier in the week, and yesterday Captains Lenahan and Dinsmore reported. Also with them is a Commander Mills whose status is a bit uncertain. I understand he is at present ordered to III MAE, but Captain Baker feels he can best be used here; and we are certainly glad to have him. I think there is something in the mill to have him reassigned to us, and he will certainly be most welcome.

I don't see how Bruce Canaga did it - I don't seem to be able to get to the point where this bell rings before I run out of anything that I think might be interesting to you. Once again, please let me know if there's information that you want and I'm not covering.

Finally, we are still looking forward to a visit from Admiral Norris and hope that nothing has happened to shoot that down. Signing off for now. Doctor Spencer.

14 September 1966

TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN JAMES SPENCER, MC, USN

This is Doctor Spencer with the September 5th edition of the "DaNang East News."

First, regarding the nursing quarters, I have delayed this a little bit in hopes of getting a firm date upon which we can anticipate they would be ready for occupancy. I have been given a tentative date of 1 January. This is not final, however, due to financing, which now is awaiting Admiral Weschler's word as to whether he wants us to go ahead with it. This is a very nicely designed complex of five quonset huts plus one smaller building for head, powder room, and showers. One hut contains the lounge and a small bar plus rooms for the two senior nurses. The other four contain six compartments each for the other Nurse Corps officers. I will propose, when and if I do get a firm date for occupancy, that we start, according to Admiral Canada's suggestion, requesting nurses to start coming during January through about March to come to a total of about 20. I will be more specific as to numbers and dates as soon as I get this firm commitment.

Admiral Canada asked for a diagram and an aerial view (labeled) of our compound. We have a blueprint now ready to be put in the mail this afternoon. We have had photos made, but I expect it will be about another week before we can have them developed and choose the ones we want to send and have them properly labeled. They will follow under separate cover.

I am holding a letter from Admiral Canada that I have not answered yet and will include tying up the loose ends mentioned above when I answer it in the next few days.

Regarding communications, we still have no interhospital communication. We have located our requisition, which is now in Japan; and we're trying to get it out and installed. We do have communication with the Third Medical Battalion (formerly Charlie Med). We do not yet have communications with ChuLai nor PhuBai, but progress is being made in this field. We do have communication now with our incoming helicopters, and this has been a great help.

We've been having a little problem recently trying to keep our census down and still carry out our commitment. We are making a special effort this week to get our census down to

we are coming along well on our new quarters for same. There is no use belaboring the point, but we're still rather short for corpsmen; but we have received assurance that an adequate number will be programmed in.

That is about the burden of the news. I might just mention that Major General White, a medical officer of the Air Force, visited us briefly late last month; and that Dr. Huggins of the frozen blood program arrived last Friday, and we are enjoying his company. He plans to leave for Hong Kong tomorrow. He gave a very good and well-attended talk, not only to our medical officers, but people from Charlie Med and Dr. Baker from III MAF and several other visitors yesterday afternoon in our officers' club.

Our second I Corps Medical Society will meet in the downtown officers' club Wednesday morning at 1030 as scheduled, although there was some hesitancy on the part of some of us as to how secure we would be. We have been assured that the possibility of any danger is very remote, so as of the moment we are planning to go ahead with it.

Dr. Robinson was very grateful for the information in Admiral Canada's letter and very pleased with what it contained.

LCDR Bennett and I visited the facilities at ChuLai about two weeks ago. The word we have now is that NSA will have a 10-bed dispensary there in the future; and of course in connection with setting it up, I will plan to make another visit. The same applies to PhuBai. I have had no further occasion to go up there since I road up with Admiral Canada.

I believe that about -- Can you hear the helicopter just coming in? It was only one casualty but apparently a pretty bad one.

We are just now recovering from about a 3-day water shortage occasioned by the failure of the pump on our best well. We have had superb cooperation from Public Works Department; in fact, Captain Pinkerton, Public Works officer, was out a good part of yesterday and again last night. We have got the good well going again now and have turned the water back on. This causes us to become aware, however, just how poor the other two wells are. Public Works has agreed to start soon to put us in another new well. If we expand much more, we may need a fifth one eventually.

Finally, I believe I mentioned to someone either in a letter or on one of these belts that we would take steps to have our ENT man, who was ordered to us, transferred to the REPOSE.

I found that the REPOSE already had one ordered, so we will accept him gladly. We already have plans afoot for a new quonset hut, partly as an office and small operating room for him; the other part to be used by the new ophthalmologist, Dr. Leonard.

I believe that about takes care of it for now so will sign off for about another two weeks with best wishes to all.
Doctor Spencer.



DEPARTMENT OF THE NAVY
DIRECTOR OF NAVY LABORATORIES
WASHINGTON, D. C. 20360

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9 September 1966

CAPT H. C. Hunley
Commanding Officer
U.S. Naval Aerospace Medical Institute
U.S. Naval Aviation Medical Center
Pensacola, Florida 32512

Dear Cleve:

We are in the process of taking positive action in requesting a substantial increase in high level (GS-14 to -16) allowances for use in meeting the staffing requirements of the Navy RDT&E field activity complex.

While it is recognized that all assignments do not necessarily need to conform, we are desirous that certain areas critical to the future of the Navy receive increasing support. The areas so far selected for special emphasis are:

- a. Anti-Submarine Warfare
- b. Anti-Ballistic Missile and Penetration
- c. Limited War
- d. New Ships Concepts
- e. Deep Ocean Technology -
- f. Advanced Concept Formulation
- g. Ship Silencing

To assist us in an evaluation of total Navy requirements, we would appreciate an indication from you as to how you would assign any additional high level grade allowances, both by priority and area of interest, including those special areas listed above. Your previous high level requirements, submitted in response to my request of 6 April 1966, should provide a good base for these inputs.

-2-

An early reply is requested to enable us to go forward with a coordinated manpower program to meet Navy RDT&E field activity needs.

Sincerely yours,

GERALD W. JOHNSON

Copy to:

~~NAVSHIP (RADM Mason)~~
~~NAVFORD~~
~~NAVAIR~~
~~NAVSUP (CDR Kari Randolph)~~
BUMED (CAPT Joe Pollard)
~~BUTERS (CAPT Wilder)~~
~~ONP (Div. John Adkins)~~
CNO (OP-07)

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11 October 1966

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TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN JAMES SPENCER, MC, USN

71D-13

This is Doctor Spencer with the Monday, October 3rd edition of the "DaNang East News."

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During the past week, our census has fluctuated rather widely⁷¹² due to the fact that there for a few days we were taking a rather large number of casualties from the REPOSE. This was necessitated by the fact that the REPOSE needed to maintain a fairly large number of bed capability due to the fact that they were receiving evacuations from the action up near the DMZ. Our census reached a peak of 341, and this caused us to have to evacuate some people who would ordinarily have been able to return to duty within 30 days. We tried to keep this at a minimum; but if we had not sent some out, we would have had our own capability completely obliterated. We have not had direct contact with REPOSE, but Captain Baker of III MAF has; and since he talked with them, we have ceased to receive these large consignments from REPOSE. I do not know whether this is because REPOSE is sending more of them directly out of country or because there is less action. I hope for the latter. Anyway, our census today is a more manageable 280.

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I'll now give a little rundown on items of general interest. On Monday, September 19th - I believe that was the date of my last report - we received orders to go into "condition red" about nine o'clock that evening. This was because of an intelligence report that we were lined up to get a mortar attack and a ground attack that night. So we got our patients under the beds and spent an uncomfortable night in our fox-holes and bunkers, but happily nothing happened. I learned later that it was pretty definitely scheduled to happen but that some of our combined action companies were able to recognize some of the VC and abort the attack. I don't know any further details about how they did it, but I'm very grateful. Since then, things have been very quiet in that department except, of course, we will occasionally hear sporadic, rather heavy firing over in the Marble Mountain area and south of there.

On September the 20th we had several visitors. The first was the Episcopal bishop of Hawaii, Bishop Kennedy. He went around some of the wards with General Walt and presented some Purple Hearts. Later the same day we were visited by Arthur Miller of Newsweek. He stayed around an hour or so, and I hope we gave him material for a favorable report. On the 22nd we were briefly visited by a Major General Davis of the Marine

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26 October 1966

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TRANSCRIPTION OF IBM MAGNABELT RECEIVED FROM CAPTAIN JAMES SPENCER, MC, USN

This is Tuesday, 18 October, a slightly delayed edition of the "East DaNang News." If nothing remarkable happens, I think I'll make the next one about 6 November. The reason for this is to phase it in with the fortnightly situation report conference that we have at the White Elephant on every second Saturday. As a rule, nothing very important to the Medical Department occurs at these; but occasionally it does, and when it does, it is of fairly important nature such as plans for a new building and other public works and supplies to the hospital.

I believe it was shortly after my last report that we had a change in our guidelines for patient census. As you know, we had a somewhat flexible rule of keeping about 40% of our beds available for contingencies. General Walt is very interested in keeping as many people as possible in country; therefore after a conference between him and Admiral Weschler, we were told in this regard of a numerical limit in this respect and to try to hold in country all those patients who might be able to return to duty within 30 days. This, of course, excepts those who are nearing the time of their rotation date anyway. As a result of this new policy, we have been running a census of about 325 plus or minus 15 for about the last couple of weeks. This presents no particular strain to our medical officer staff with the exception of the orthopedic and anesthesia departments. We have still not received our nurse anesthetist nor heard anything more about him in the past several weeks. I have written to Captain Brown of our need for a permanent additional orthopedist (we now have one on TAD to us from ChuLai), but we have a very definite need for three. I am holding off pending talking to Admiral Cowan before putting a request for this third orthopedist in through channels.

We do have an acute shortage of corpsmen due to the fact that for reasons unknown to me we have not received 5 who were due in August and 33 who were due last month. I am sure that there is some reasonable answer for this; but rather than make an attempt to hold on to those who are due to rotate this month, we have obtained some temporary help in this department from Subic Bay.

After some ten days of unseasonably clear, sunny, pleasant, dry weather I suppose we have the monsoons set in today. It has been raining buckets since this morning. Even so,

Our water situation has been completely alleviated since my last report. The fourth well is in, and now we can't use all the wells all the time. Or rather if we did use them, the water tank would run over. We have requested a second water tank to be situated at some distance from the present one so if anything happened to either one we would not be dry. At the present time larger generators are being installed, and public works plans to leave the smaller ones for standby contingencies.

We have felt rather close to the war these last several nights. Apparently plus or minus a regiment of VC's and NVN's got in somewhere south and southwest of Marble Mountain and at least some units were found operating within about four miles of us. There have been air raids on this outfit plus heavy artillery, and the sight and sound of it has been very clear to us here on the compound. We have not felt a great deal of personal danger because we understand they do not have any anti-A weapons that will shoot four miles, and there are a considerable number of Marines between us and them. There has been a lot of sound and fury down there, however, but we understand that the situation is again under control.

If I did not say it before, we are looking forward to Admiral Cowan's visit, which we have just heard will be next Sunday the 23rd. If any other of you would like to come out and see us, we would welcome you warmly but suggest you either wait until after the rains or bring your raincoat. That concludes this edition of the "East DaNang News." Doctor Spencer signing off.